



Budweiser Promo Form

Date: _____ Time: _____

Account Name: _____ Contact: _____

Address: _____

Confirmed with (Name of Bud Rep and Date): _____

Special Instructions: _____

BUDWEISER PRODUCTS SAMPLED:

Promotion Information:

P.O.S. (point of sale) Advertising? Yes _____ No _____
Age range of clients? (estimate) 21-25 _____ 26-30 _____ 31-35 _____ over 35 _____
Male/Female Ratio? Male _____ % Female _____ % (These % Must add up to 100%)
AB representative present? Yes _____ No _____ If yes, Who? _____

Summation of Promotions: (i.e. frequent comments, customer preferences and suggestions)

Confirmation:

Promotion Specialist: Print Name: _____ Signature: _____

Bud Rep: Print Name: _____ Signature: _____

Business card for the establishment the Promotion was held at: **ATTACH HERE~**

****ATTENTION: Forms MUST be submitted to the office WITHIN 3 BUSINESS DAYS of Demo or payment of demo is FORFEITED.****

****INCOMPLETE FORMS WILL NOT BE PROCESSED & PAID UNTIL CORRECTED.****

You may Scan & Email forms to Forms@Signature-Concepts.com or FAX completed forms to:

Signature Concepts
P.O. Box 48633 • Tampa, Florida 33646
Phone: 813.287.1380 • FAX: 813.349.2024

