



Demonstration Report

DEMONSTRATOR:		STORE NAME:	
ADDRESS:		ADDRESS:	
CITY, STATE, ZIP:		CITY, STATE, ZIP:	
PHONE:		PHONE:	
		STORE CONTACT:	
		DEMO DATE:	HOURS: FROM: To:
PRODUCT TYPE DEMONSTRATED:			

Estimated Quantity Products Sold	
Product Type/Category	Quantity

Demo Costs		
Supplies \$	Hours	
	Hours worked	
	X Hourly Rate	
Column Totals:		
Total: (Total supplies + Total hours)		\$

Number of People Served:	Location of Demo in Store:
Weather:	

Store Traffic:	Heavy..... <input type="checkbox"/>	Moderate..... <input type="checkbox"/>	Light..... <input type="checkbox"/>
-----------------------	-------------------------------------	--	-------------------------------------

COMMENTS

Please fax (319) 227-7417 Attn: Carol Nulty or Jill Scheer a copy of the completed Demonstration Form, Inventory Sheet, and copies of any receipts for reimbursement. Please fill out each demo report thoroughly to prevent delays. Also include a completed W-9 Form with request for payment. This form can also be emailed: carol.nulty @frontiercoop.com or jill.scheer@frontiercoop.com