

Customer Registration

1. ORGANIZATION

Name _____
Address _____
City _____ State _____ Zip _____

- Residential
 Business

2. CONTACT

Name _____
Title _____
Phone _____
Best time to call _____
Email _____

RightResponse[®] Use Only

Office

Date Received _____

Approved Yes No

Reviewed By _____

Recorded By _____

Fundraising Specialist

ID _____

Name _____

Organization _____

Account # _____

Referral ID _____

Partner ID _____

3. HOW DID YOU HEAR ABOUT US?

Help us give credit – where credit is due!

- | | |
|--|---|
| <input type="checkbox"/> RightResponse Refer-a-Friend Program
Referral ID _____ | <input type="checkbox"/> Internet / Search Engine |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Tradeshow | <input type="checkbox"/> Magazine / Newsletter |
| | <input type="checkbox"/> Other _____ |

4. FUNDRAISING INFORMATION

Which best describes your organization?

- | | |
|--|---|
| <input type="checkbox"/> Athletic Club | <input type="checkbox"/> High School Club or Organization |
| <input type="checkbox"/> Athletic Group or Association | <input type="checkbox"/> Junior High School |
| <input type="checkbox"/> Athletic League | <input type="checkbox"/> Middle School |
| <input type="checkbox"/> Civic / Community Group | <input type="checkbox"/> National Non-Profit Organization |
| <input type="checkbox"/> College or University | <input type="checkbox"/> Preschool |
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> Religious Organization |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Sorority |
| <input type="checkbox"/> Fraternity | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> High School | |

Group Size _____

Planned Start Date _____

Planned End Date _____

How many fundraisers per year do you organize? _____

How much do you need to raise? _____

Comments

5. PROGRAM SELECTION

Important! Please select your program choices below AND include a completed Master Order Form with your registration.

- Classic Fundraising
- Quick Start
Includes Sales Packet, Order Form and Master Order Form
- Show and Sell
Includes Sales Packet, Order Form and Master Order Form and the number of Starter Kits you choose to purchase
- Maximizer
Includes Sales Packet, Order Form and Inventory Form
- Refer-a-Friend Program
Includes Referral Cards (Please attach a completed Form W-9 to this Registration Form)
- Partner Program
Includes Partner Cards (Please attach a completed Form W-9 to this Registration Form)
- I would like more information. Please have a Customer Service Representative contact me.

Mail: First Aid Concepts
Attention: Customer Service

Vancouver, WA 98662

E-mail: info@ FAConcepts.com