

THE VERITY GROUP

CO-OP ADVERTISING REQUEST FORM

NAME:	REQUE	STFORM
JUNIOR PARTNER:		
PROJECT NAME:		
DETAILED PROJECT DESCRIPTION:		
PROJECT IMPLEMENTATION TIME LINE:		
EXPECTED / TARGETED RETURN:		
TOTAL COST ESTIMATE: \$		
AGREED CO-OP SPLIT: Individual		
/To Dr. Covery per		

(TO BE COMPLETED AT PROJECT COMPLETION)

PROJECT OUTCOME: