

## Trade Show Cooperative Request Form

www.echorobotics.com

IMPORTANT: Submit this form four weeks prior to show set up.

Dealer Name:		
Name of Trade Show:		
Show Date(s):	Location:	
Size of Booth:	Cost of Booth:	
Percentage of booth dedicated	to ECHO Robotics product:	
Will other product lines be displa	yed in your booth? □ Yes	□ No
If yes, list all other product lines:		
What percent of the booth will be	e dedicated to ECHO Robotics?	
Will equipment be demonstrated	? □ Yes □ No	
Did you request that ECHO Robo	otics' personnel attend?	Yes □ No
To process this completed form:		
Mail to:	Email to:	
ECHO Inc. Attention: Robotics Department 400 Oakwood Drive Lake Zurich, IL 60047	admin@echorobotics.com	
ECHO Robotics to complete this	section:	
Cooperative dollars available:		
Date received:		
Decision:    Approved	□ Denied	