



# Event Donation Request Form

Sombra would love to assist you in promoting the *Sombra Natural Pain Relieving Gels* at your next event.

The trial sized samples are available in the **Original Warm Therapy** and the **New Cool Therapy**.

Please fill out this form in full and submit via fax, email or mail at least four weeks prior to the date of the event.

Event Name:	
Coordinator Name / Title:	Phone Number: (        )
Event Date(s):	Date Samples needed:
Expected Attendance number:	Will samples be placed in Goody Bag?

**\*Please list the number of samples you will need for this event:**

Original <b>WARM</b> Therapy*	New <b>COOL</b> Therapy*
Please list your requested quantity of end-user brochures*:	

**Company/Address information to send trial-size packets:**

Company Name:		Attention:	
Shipping Address: ( <b>No</b> PO Box)			
City:		State:	Zip Code:
Phone: (        )	Fax: (        )	Email:	

\*Quantities sent may vary from quantities requested

**Mail, Email or fax this form,  
along with a copy of the schedule or event program, to:**

Sombra Professional Therapy Products  
 Attn: Jeff Baskett  
 5951 Office Blvd.NE  
 Albuquerque, NM 87109  
 Fax: 505-888-0189  
 Email: [jeff@sombrausa.com](mailto:jeff@sombrausa.com)

**Sombra Use Only**

Date Rec'd _____	Date Needed _____	Date Sent _____
FB <input type="checkbox"/>	Like <input type="checkbox"/>	Referral <input type="checkbox"/>
WT <input type="checkbox"/>	CT <input type="checkbox"/>	