



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 WARM Therapy* | New COOL Therapy* |
| Please list your requested quantity of end-user brochures*: | |

Company/Address information to send trial-size packets:

| | | | |
|---------------------------------------|-------------------|------------|-----------|
| Company Name: | | Attention: | |
| Shipping Address: (No 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



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"/> | |