



COOPERATIVE ADVERTISING INVOICE

MPS LINK ACCOUNT #

CLAIM/ INVOICE #

STORE NAME

CONTACT
ADDRESS

DATE

PHONE
FAX
E-MAIL

EVENT START DATE

EVENT END DATE

TITLE	ISBN	RETAIL PRICE	QUANTITY ORDERED	CLAIM AMOUNT PER TITLE	
				POOL \$	NON-POOL \$

TOTAL CO-OP REIMBURSEMENT

POOL \$ _____ NON POOL \$ _____

EVENT DESCRIPTION

PLEASE SEND ALL CLAIMS TO:

MACMILLAN
CUSTOMER PROMOTIONS DEPARTMENT
175 FIFTH AVE, FLOOR 13
NEW YORK, NY 10010

or submit by fax: 212 214 0316

Call 646 307 5367 with any questions regarding this process.
Also check out <http://us.macmillan.com/splash/bookseller/index.html> for more information.