

Marketing co-op request form

Instructions

- 1. Check your available balance: Keep an eye on your monthly email statement to verify your available marketing co-op credit balance or contact coop@genetec.com.
- 2. Request activity/program approval: Complete this form and send it for approval, along with any additional documentation to: coop@genetec.com.
 You'll receive a reply within 2 business days.
- 3. Submit your claim:

When your activity is completed, send copies of your final supplier invoice(s) and any additional documentation required (see below) for approval to coop@genetec.com.

Note: If your claim is for cobranded advertising or attire/ giveaways, please include a photo of the item(s), the final ad layout file, or a digital proof with your claim package. Be sure to submit your claim within 6 months* of the activity date! Please note that claims for reimbursement are subject to your available co-op credit balance and your payment account status at the time of submission.

*Submission is required within 3 months, for partners located in Asia Pacific, Australia and New Zealand

4. Reimbursement confirmation:

Your approved claim will be processed as a credit note which may be applied to your Genetec payment account. You'll receive a confirmation from us indicating the reimbursement amount.

Please send all certification training requests to: training@genetec.com.

To be completed by channel partner:

Please complete the following form. Fields marked with an asterisk (*) are required.

*Company name:			Date:	
*Contact name:			*City:	
*Country:			*State/Province:	
*Email:			*Phone:	
Program type:				
Events:	Tradeshow	Seminar	Road sho	ow Customer appreciation event
Sponsorships:	Regional association meeting Industry association meeting			
Co-branded advertising:	Print	Pay-Per-Click (PF	PC)	
Giveaways:	Co-branded premiums	Co-branded attir	е	
Sales incentives:	Spiff	Prize		
Other: (please specify)				
*Credit amount requested:	CAD USD EUR	GBP AUD	JPY Amount:	
*Program description: Please provide a brief description of the program and its expected benefits to your Genetec business			·	

To be completed by the Genetec team:

Region:		Ammunical avadit amounts	
Date received:		Approved credit amount:	
Payment account and available credits validated:	Yes No	CMM Initials:	

Need help? Contact us at coop@genetec.com.