

Book Fairs Customer Rewards Recap Form

School Name _____ Fair ID _____
 Street Address _____ City, State Zip _____
 Book Fair Chairperson _____ Chairperson E-mail _____

We thank you for incorporating these activities into your Fair. To receive your **Customer Rewards Voucher**, please complete this form, and mail with your Financial Form. If you have any questions please call your sales consultant.

1. Calculate your Customer Rewards Bonus

Reward Earned

Please check the box for all that apply

- a. Did you utilize a **Student Crew**? \$25
- b. Did you attend a Book Fair Workshop? \$20
 - Did you attend with your Co-Chair? \$10
- c. Did you conduct any special Family Events? \$15
 - Did you accept credit cards at your Fair? \$10
- d. Did you promote the Classroom Wish List or One for Books? \$20

2. Did your total Book Fair Sales (excluding sales tax) increase 10%, 15%, or 20%?

(Choose only highest increase)

- 10% \$20
- 15% \$35
- 20% \$55

Total rewards earned for all boxes checked above _____

Total _____

3. To determine your Customer Reward Bonus, please input the reward total earned above next to the Book Fair Sales level achieved and multiply as indicated.

Sales Level	Reward Earned		Total Customer Reward Voucher
<i>(Excluding Sales Tax)</i>		<i>Multiply</i>	
\$0 to \$5,000	_____	x 1	_____
\$5,001 to \$10,000	_____	x 2	_____
\$10,001 to \$15,000	_____	x 3	_____
\$15,001 to \$19,999	_____	x 4	_____
Above \$20,000	_____	x 5	_____

You will receive your rewards in an **Instructional Resource Catalog** voucher within two weeks of completing your Book Fair payment. Enjoy shopping our exclusive **Instructional Resource Catalog**!

So that we may improve our Book Fairs for our customers, we would appreciate your feedback:

1. Number of days your Book Fair ran _____
2. Number of student volunteers who helped with your Book Fair _____
3. Number of special Family Events _____
4. Number of teachers who participated in Classroom Wish List _____
Please provide the number of books collected _____
5. Number of credit cards sales slips collected _____ Total \$ _____
6. Did you conduct a Teacher Preview? _____
7. Did you conduct the One for Books activity? _____

If yes, please provide amount collected to support the One for Books Activity \$ _____

Form completed by:

Name _____

Phone Number _____