



Request for Shelf Talkers/Bottleneckers/Tear Pads

Instructions:

1. This form must be submitted for each request
2. Original shelf talkers, bottleneckers and/or tear pads must be attached
3. Must be submitted **sixty (60) days prior** to requested starting date
4. Email completed form and attachments to ra-lbconsumeroffers@pa.gov

Requested starting month: _____ Expiration date: _____

Vendor of record for product: _____

Company submitting form: _____

Contact person: _____ Telephone: _____

LIST ALL CODES INCLUDED IN THIS PROGRAM BELOW

CODE	BRAND	SIZE	MATERIAL