

# 2020 Goody Bag Program



A great way for your business or organization to reach all the runners in the Christie Clinic Illinois Marathon Weekend is to participate in our goody bag program. In 2020, vendors have a choice of two options described below and may choose to participate in either or both of the options.

## OPTION 1—VIRTUAL RACE BAG (\$300)

Using a fully-integrated online platform, vendors create their unique offer, which then becomes part of the digital goody bag that is emailed to all entrants before and after the race. The virtual race bag option allows you to deliver information and special offers in an efficient and cost-effective manner. You will receive a link to the platform to create your virtual ad.

## OPTION 2—COUPON CARD (\$500—WHICH INCLUDES THE PRINTING OF THE STRIP)

Each coupon card features six companies or events. A perforation separates the cards so they can be torn off easily. Entrants are hand delivered the coupon cards when they receive their drawstring bag at the expo. Vendor provides camera-ready art. Design specs (see sample card, right): 2-sided, full-color, 4.25 inches wide by 2.5 inches tall (total image area per card is 8.5 x 5). **Art deadline: March 23**



Front



Back

*Champaign-Urbana, Illinois*

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- Yes, we would like to participate in the virtual race bag option. Our \$300 fee is enclosed.
- Yes, we would like to participate in the coupon strip option. Our \$500 fee is enclosed.

Describe your promotional item \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Web site \_\_\_\_\_

Make your check payable to C-U Marathon, LLC. Credit card payment is also acceptable (see next page). Mail your completed form and payment to Christie Clinic Illinois Marathon, P.O. Box 262, Champaign IL 61824, or FAX to 217/363-3163, Attn: Lynn Zoll.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Champaign-Urbana, Illinois*

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## CREDIT CARD AUTHORIZATION

I am electing to pay with a credit card (MasterCard, Visa, Discover, or American Express). My card information appears below. I agree that my company will be charged a 3% credit card processing fee in addition to the goody bag fee.

Name on the card \_\_\_\_\_

Credit card # \_\_\_\_\_

Expiration date \_\_\_\_\_

3-digit code on the back of card (Visa, MC, Discover) \_\_\_\_\_

Last 4 digits on the front of card (American Express only) \_\_\_\_\_

Circle which type of card: MasterCard Visa Discover American Express

Amount \_\_\_\_\_

Billed company \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Billed phone number \_\_\_\_\_

Signature (required) \_\_\_\_\_

Mail your completed application to  
Christie Clinic Illinois Marathon  
P.O. Box 262  
Champaign, IL 61824  
or fax it to  
217/363-3163  
Attn: Lynn Zoll

*Champaign-Urbana, Illinois*