

# 2017 Goody Bag Insert Form

A great way for your business or organization to reach all the runners in the Christie Clinic Illinois Marathon and related events is to insert an item in the participant goody bags. For a fee of \$300, your promotional item will be inserted in every race packet. We plan to stuff 19,000 goody bags. Direct any questions to Lynn Zoll at 217/714-1903 or via email at [lynnz@hkusa.com](mailto:lynnz@hkusa.com).

All items must be received by **March 22, 2017** and sent to the following address:

Christie Clinic Illinois Marathon  
c/o Human Kinetics  
1607 N Market St  
Champaign IL 61820

Yes, we would like to insert a promotional item in all the race packets. Our \$300 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*

# 2017 Christie Clinic Marathon

## CREDIT CARD AUTHORIZATION

I am electing to pay for my goody bag insert 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, on top of the booth 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*