



MANUFACTURER SALES VISIT REQUEST FORM

All manufacturers must fill out this form completely and return to OCS for visit confirmation no later than 3 weeks prior to confirmation of requested visit.

[Please fax \(858\) 505-1818 or email this completed form to: kathryn@ocsltg.com](mailto:kathryn@ocsltg.com)

Manufacturer Name: _____

How would you like to receive your confirmation?

Fax: _____

Email: _____

Primary Objective of Visit: _____

(i.e. Showing New Product, New Literature, Develop Key Relationships, etc.)

Dates Requested: _____

(See available dates at www.oconnorsales.com/calendar)

Detailed Agenda:

*Please include **specific times available for sales calls**, products to show, events/training to be completed and/or specific clients to be seen*

Example:	Day 1: Sales Calls - New LED Products: 7:30am to 5:00pm Training for OCS Sales Team - 30 Minutes - New LED Products
	Day 2: Sales Calls - New LED Products: 7:30am to 12:00pm

Day 1: _____

Day 2: _____

Lunch & Learns: Please note that the cost of lunch and learns consisting of 100% of your product fall under the responsibility of the manufacturer.

Please check here for acceptance of lunch and learn policy:

Notes: _____
