

## REPRESENTATIVE REQUEST

SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Yes, I am interested in linking the Bright Start website to my school's *district and/or schools'* websites.

Yes, I am interested in having a Bright Start marketing representative set up a Bright Start informational booth, conduct a presentation or send me a supply of brochures.  
*contact me about additional opportunities for my school district to learn about Bright Start.*

DATE OF EVENT: \_\_\_\_\_ TIME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

**Please return this form utilizing one of the following methods:**

Fax to: (312) 814-1231  
Attention: Cleo

Mail to: Cleo Downing  
College Savings Programs  
Office of the Illinois State Treasurer  
100 W. Randolph St., Suite 15-600  
Chicago, IL 60601