

## SCHEDULE FORM

RSM Name:					
Dealer Name:					
Dealer Type:	Dire	ct	Associa	ate	OEM Equipment
Dealer Address:					
Dealer City, State, Zip:					
Dealer Contact:					
Dealer Telephone:					
Date/Time of Event (3 choices):					
1st:	2nd	:		_ 3rd:	
Multiple Sessions?	Yes		No		
If Yes, complete a separate form for each event.					
Scales Available?	Yes		No		
lf you would like a local Field Clinic, please list t		-	-	romote	and/or attend your
Contact media to pro	omote ev	vent.			
Invite media to atten	d event.				



## ITE<mark>ms nee</mark>ded

- MFWD or 4WD tractor with 3-point hitch; duals on rear axle (prefer 480/ 80R50; at the minimum, 480/80R46); singles or duals on the front axle
- Heavy implement to be carried on the rear axle: 3-point equipment (stack folding planter, mounted plow, etc.) Semi-mounted equipment (16–48-row folding planter)
- Farm tire service truck with serviceman
- Scales (2 minimum, prefer 4)
- Projector with computer, clinic PPT modules
- Flip chart/Whiteboard with markers
- Low-pressure air gauge
- Cardboard sections w/black spray paint can
- Classroom materials:

Data books, radial brochures, AD<sup>2</sup> brochures, AD<sup>2</sup> inflation slide rules, stubble fliers, giveaways

## ADDITIONAL ITEMS

Print materials, including invites, brochures, pocket cards and posters, are available to order through your Regional Sales Manager. Use these materials to help host and promote your event.

] Request a Field Clinic Kit

Visit www.kahlerspec.com/stores/firestoneagstore to order promotional items using your co-op funds.





Mesh-Back Hat

Bumper Sticker



FIELD CLINIC