



**TRUSLATE® MASTER DISTRIBUTOR
BUSINESS DEVELOPMENT QUARTERLY ACTION PLAN AND REVIEW**

Quarter Covering: _____ to _____

Distributor Name: _____ Location: _____ Branch Manager: _____

GAF TM: _____ TruSlate® Master Distributor: _____

<p>Trade / Home Show</p> <p>Minimum: _____</p>	<p>Show: _____ Date: _____ Show: _____ Date: _____</p> <p>Show: _____ Date: _____ Show: _____ Date: _____</p> <p>Show: _____ Date: _____ Show: _____ Date: _____</p>
<p>Product Display Locations</p> <p>Minimum _____</p>	<p>Branch And Lumberyard Displays:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Major Account Calls</p> <ul style="list-style-type: none"> - Architects - Builders - Property Mgt. - Developers - Owners - Government <p>Minimum: _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

CARE™ On-Site Training Event	Date: _____ Minimum _____ Contractor Companies Represented			
CARE™ Regional Training Sessions 1 ½ Days Minimum 1 person/year	Distributor person will attend the training session _____ Others to attend: _____ Date of session: _____			
Target Contractors: For Certification	Contractor Name	GAF Certified	Currently Using Old Fashioned Slate	Currently Using Synthetics?

Branch Manager Signature: _____

Territory Manager Signature: _____

Previous Quarter - Review

Accomplishments	
Disappointments	
Lessons Learned	

Branch Manager Signature: _____

Territory Manager Signature: _____