



SUBMIT COMPLETE PACKAGE TO  
 GCB-PROMOTIONS@STATE.NM.US OR MAIL TO:  
 ANGELA V. GARCIA, ADMINISTRATIVE ASSISTANT  
 AUDIT AND COMPLIANCE DIVISION  
 NEW MEXICO GAMING CONTROL BOARD  
 4900 ALAMEDA BOULEVARD NE  
 ALBUQUERQUE, NEW MEXICO 87113-1736  
 PHONE: (505) 206-7230

## Additional Payout/Promotion/Personal Property Award Submission Form

This is being submitted as (check one):

- Additional Payout   
  Promotion   
  Personal Property Award   
  Non Cash Top Prize Award  
   
  Slot Tournament

Name of Advertisement:     Run Dates:   
 (Name these by the first 3 words of the ad- do not use casino name)    (first advertisement date to final drawing/award date)

### Category of Submittal

- This is a **new** submission.  
 This is a notification of **change** in beginning and end dates of program.  
 This is a notification that there are changes or **modifications** as to how the program shall be conducted.

### Items to Review before Submitting

- Submit to NMGCB **10 days prior** to the first advertisement of this Promotion (NMGCB will use the date that this submission is **received**).  
 Cash value of the **additional payouts** or cost of **personal property award** (write NA if this is a promotion): \_\_\_\_\_  
 I have reviewed this ad to make certain that there is **no reference** or implied reference to **alcohol as an enticement to game** or reference to **reduced price of food as an enticement to game** in this ad.  
 The **responsible gaming message** and the **1 (800) phone number appears** on **all** advertisements.  
 All non-profit advertising states: "For Member's Only" (NA if non-applicable).

### Mandatory Items to Submit a Complete Package

- Copy of **Rules attached**.  
 List of **gaming machine license numbers** participating in the submitted program.  
 Copy of actual advertisement language (ad slick, poster, newspaper ad, magazine ad, artwork with actual copy and graphics)  
 This form is complete and all required attachments are included.

Licensee Name: <input style="width: 95%;" type="text"/>	Licensee #: <input style="width: 95%;" type="text"/>
Submitted By: <input style="width: 95%;" type="text"/>	Print Your Name: <input style="width: 95%;" type="text"/>
Phone Number: <input style="width: 95%;" type="text"/>	E-Mail Address: <input style="width: 95%;" type="text"/>

*All boxes must be checked or marked N/A if not applicable. Failure to submit any of the required items will cause submission to be rejected.*