

*Our national surveys are sponsored by the Employers Association Group (EAG), of which The Employers Council is a member, and include national as well as local data.*

Without a talented sales force, even the best products won't sell. To put an effective sales force on your payroll, you need to implement competitive hiring practices without breaking the bank. This survey will help you determine the right sales compensation for your employees. It is a wealth of hard-to-find, up-to-date data, and you shouldn't hire without it. Data was submitted from 735 firms reporting on 9,251 employees.

**Survey Features:**

- ✓ One volume covers National **plus** local data
- ✓ Twenty-one positions that span a full sales force from executives to inside sales and customer service
- ✓ Salary reports show base pay, variable pay and total compensation
- ✓ Compensation strategy (6 types of incentive strategies)
- ✓ Gross sales volume (3 breakouts)
- ✓ Commission & Bonus Plan summaries and Expense Allowance practices
- ✓ Industry type (14 breakouts)
- ✓ Region (6 breakouts)

Direct questions about ordering the survey to Terri Whitehouse. Please fill out the form below if you would like to order the *2007-2008 National Sales Compensation & Practices Survey*.

Number Ordered	Survey	Member Price	Non-member Price
	<i>2007-2008 National Sales Compensation and Practices Survey</i>	<i>\$175+11.90 tax =\$186.90</i>	<i>\$595+\$40.46 tax =635.46</i>

How would you like to receive the survey?	Electronic Format <input type="checkbox"/> Email address: _____	Paper Format <input type="checkbox"/>
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Participants receive this comprehensive survey at no charge. The fee to participate is \$40 for Council members and \$195 for non-members.

**YES!** I would like to receive more information in September about participation.

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Recipient Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Check Enclosed: \_\_\_\_\_ Invoice Company: \_\_\_\_\_ (Council members only)

Charge Credit Card: Master Card \_\_\_\_\_ Visa \_\_\_\_\_ American Express \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Total Amount: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Return order form to:**

THE EMPLOYERS COUNCIL ~ 175 WEST 200 SOUTH, SUITE 2005 ~ SALT LAKE CITY, UT 84101 ~ PHONE: 801.364.8479 ~ FAX: 801.364.8915 ~ [www.ecutah.org](http://www.ecutah.org)