



Procurement Registration Form

Corporate/Public Agency Procurement
Thursday, July 31, 2008

COMPANY – CONTACT INFORMATION

Company Name: _____ Headquarter Location: _____

Address/P.O. Box: _____ City: _____ State: _____ Zip: _____

Website: _____

Contact Name: _____ Title: _____ E-mail: _____

Phone: () _____ Fax: () _____

Are you a member of a chamber? If so, which one?: _____

Product/Service (please include a description)

NAICS Code(s): _____

BUSINESS INFORMATION

Year Established: _____ Number of Employees: _____ Business Structure: _____

Geographic Market/s: _____

Distributor: Yes ___ No ___ Sales Rep/Reseller: Yes ___ No ___ 8(a) Contractor: Yes ___ No ___

Other Certifications and Licenses: _____

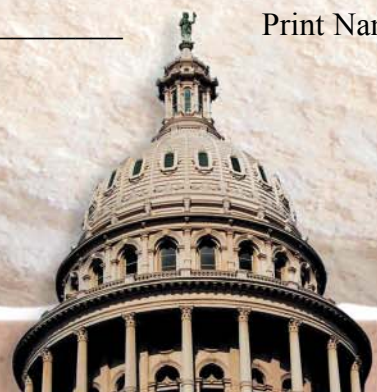
Are you a Certified D-Minority Business Enterprise? Yes ___ No ___ If so, by whom?: _____

Payment Information: (for non-convention attendees the cost is \$75)

Check _____ Visa _____ MasterCard _____ Amex _____ Date: _____

Credit Card Number: _____ Exp. Date: _____

Signature: _____ Print Name: _____



All convention registrants may attend but must complete and return the form to the TAMACC office by July 20, 2008.