

CORPORATE ROUNDTABLE APPLICATION



Please complete all sections.

PRIMARY CONTACT

Company Name _____

Contact Name _____

Professional Title _____

Department _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Corporate Website and Email _____

ALTERNATE / ADDITIONAL CONTACT

Contact Name _____

Professional Title _____

Department _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

LEVEL REQUEST

Gold (\$15,000) Silver (\$10,000) Bronze (\$6,000)

CORPORATE RELATIONSHIP POLICY

I have read, agreed to, and signed ACPM's Policy on Corporate Relationships.

Signature: _____

PAYMENT

Check enclosed. Payable to the **American College of Preventive Medicine**: Check # _____

Purchase Order enclosed. If submitting a PO, do you need to be invoiced? Yes No

PLEASE SUBMIT

- Please provide your company mission statement.
- Please provide a brief description of your interest in and expectations for the ACPM Corporate Roundtable.