

INCOMPAS

Marketplace Membership Application



Company Name: _____ Web Address: _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____

Email: _____

Additional Contact Names

Please provide the Name, Title & Email address of your Organization's:

CEO: _____

General Counsel: _____

Regulatory Contact: _____

Federal Legislative Contact: _____

Marketing/Trade Show Contact: _____

Public Relations Contact: _____

Primary Billing Contact: _____

Company Profile

Annual Gross Revenue (sum of last 8 quarters divided by 2) \$ _____

Is your company... Privately held Publicly traded (Ticker symbol _____)?

Number of employees <5 5-25 26-50 51-100 >100

Years in operation <1 1-5 6-10 11-20 >20

Outsource Solutions	Consulting/Professional Services	Equipment/Platform Suppliers	Financial Services	Other
Customer Care/Call Center	Regulatory	CPE	Auditing Services	Network Design/Build
Provisioning/Ordering	Legal	Switches/Routers	Credit & Collection	Systems Integrator
Operator Services	Tariff/Certification	Network Management	Investment Banking	Colocation Space
Telemarketing	Business Development	Internet Gateways	Mergers & Acquisitions	Inside Wiring
3rd Party Verification	Market Research	Prepaid Platforms	Venture Capital	E-Commerce
Billing Software	PR/Marketing/Advertising	Transmission	Lending/Funding	VAR
	Executive Search	Access	Taxes	
	Compliance			
	Engineering/Technical			
	Procurement/RFPs			
	Software			
	Web Design/Hosting			

How did you hear about INCOMPAS?

Word of mouth _____

The INCOMPAS Show _____

Trade magazine _____

NEF _____

INCOMPAS Website _____

Advertisement _____

Other _____

In which of the following committees would your company be interested?

International _____

Meetings _____

What is Your Target Audience?

Carrier _____ Network _____ Service Providers _____ Other – Please specify _____