

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

How did you hear about INCOMPAS?

- Word of mouth INCOMPAS Website
 The INCOMPAS Show Advertisement
 Trade magazine 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 _____