



BSCAI Peer-to-Peer Networking Program Participant Form

Company Name _____

Contact _____ Title/Position _____

Company Address _____

Work Phone _____ Fax: _____ Cell Phone _____

E-mail _____ Company Web site _____

Ownership structure: Sole Proprietor C-Corp S-Corp
 LLC Partnership Other

List Names of Owners _____

Geographical Areas Served _____

Services Provided and Percent of Total Revenue _____

Top Two Company Goals
1. _____
2. _____

Company Values

List the Top Three Benefits You Would Like to Receive from Participating in a Peer Networking Group
1. _____
2. _____
3. _____