

Application for Partnership

<hr/> <p>Association Name</p> <hr/> <p>Contact Person</p> <hr/> <p>Title</p> <hr/> <p>Street Address</p> <hr/> <p>City/State/Zip</p> <hr/> <p>Phone: _____</p> <hr/> <p>FAX: _____</p> <hr/> <p>E-mail: _____</p> <hr/> <p>Website: _____</p> <p>Please describe the nature of your Association:</p> <hr/> <hr/> <hr/>	<p>Please answer the following questions:</p> <p>Member Size: _____</p> <p>Training Needs (please check all that apply):</p> <p><input type="checkbox"/> Live Seminars</p> <p><input type="checkbox"/> Live Teleconferences</p> <p><input type="checkbox"/> Recorded Audio-Conferences</p> <p><input type="checkbox"/> Manuals and Written Materials</p> <p><input type="checkbox"/> Other (Please Explain) _____</p> <hr/> <p>How do you communicate with your members (please check all that apply):</p> <p><input type="checkbox"/> Electronic Newsletters (circulation: _____)</p> <p><input type="checkbox"/> Printed Newsletters (circulation: _____)</p> <p><input type="checkbox"/> Email (Emails Received: _____)</p> <p><input type="checkbox"/> Brochures (Number Mailed: _____)</p> <p><input type="checkbox"/> Website</p> <p><input type="checkbox"/> Other (Please Explain) _____</p> <hr/> <p>Do you have a National Chapter?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Lorman has various tools and resources available to help your members succeed in their profession. They could be eligible to receive our industry-specific electronic newsletters and they can sign up to receive important product updates. Please inquire if you are interested in exposing your members to these valuable educational resources.

Please add any additional comments here:

Signature

Date

Please return this to Nicki Wolff at:

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