



DATA CENTER 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: _____
Carrier Relations Contact: _____
Procurement/Network Planning Contact: _____
Sales Contact: _____

Company Profile

Annual Gross Revenue (prior calendar year) \$ _____

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

85% of the company's revenue is attributable to colocation and interconnection services.

How did you hear about INCOMPAS?

- | | |
|--|---|
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> INCOMPAS Website |
| <input type="checkbox"/> The INCOMPAS Show | <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> Trade magazine | <input type="checkbox"/> Other _____ |

Would you be interested in participating in our committees?

- Events
 Membership

What is Your Target Audience? (Check all that apply)

My company's target audience includes: