

# 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 \_\_\_\_\_