

For office use only.  
Date placed: \_\_\_\_\_  
Facilitator: \_\_\_\_\_



## Nashville Area Chamber of Commerce Manufacturing Roundtable Application Form

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web Address: \_\_\_\_\_

Date Company Established: \_\_\_\_\_ Years as CEO/owner of this company: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Describe your company's products/services (please be specific): \_\_\_\_\_

**Annual Revenue:**

- Up to \$250,000
- \$250,000 - \$999,000
- \$1 million - \$5 million
- More than \$5 million

**Structure:**

- Sole Proprietorship
- Partnership
- Corporation
- LLC or LLP

**Markets Served:**

- Local
- Regional
- National
- International

Preferences for meeting time (rate 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> choice) \_\_\_\_\_ AM \_\_\_\_\_ Mid-Day \_\_\_\_\_ PM

Day of week preferences: \_\_\_\_\_

Other preferences: \_\_\_\_\_

Have you participated in a Roundtable or advisory board before?  Yes  No

If yes, please provide details. \_\_\_\_\_

List your top three expectations of the Manufacturing Roundtable:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Current challenges you and/or your company are facing: \_\_\_\_\_

\_\_\_\_\_

Primary goal of participation: \_\_\_\_\_

\_\_\_\_\_

Special strengths and skills you bring to a Manufacturing Roundtable: \_\_\_\_\_

\_\_\_\_\_

The fee to join a Manufacturing Roundtable is \$200, \$100 of which will be held in reserve for the group to use for meeting expenses. Payment is due when you join a group, and you will be invoiced at that time. Please return completed application by fax to (615) 256-9335, attn: Marissa Benchea, director of small business programs.