

## **Renewal Form**

Please print this form and complete all sections and return by fax (678) 765-6551 or by mail P.O. Box 3908, Suwanee, GA 30024

## **Contact Information:**

First Name	Last Name
Job Title	
Company Name:	
Address:	
	Country
Phone	Fax
Email	
Yes, I would like to continue receiving a Signature	·
<ul> <li>1. Please indicate your organization's prim</li> <li>(A) Retail Chain</li> <li>(N) Hospitality (Hotel, Motel, Resort,, Cruise Linetc. and Hospitality Managemer Co.)</li> <li>(C) Restaurant</li> <li>(O) Architecture Firm</li> <li>(G) Design Firm</li> <li>(P) Engineering Firm</li> </ul>	☐ (H) Contractor/Builder/Construction e, ☐ (I) Developer
2. Please indicate your primary job function: (choose  (1) Corporate Management (2) Senior Management (3) Management (4) Facilities (5) Maintenance (6) Construction (7) Architect (8) Engineer (9) Design	one only)  (10) Project Management (11) Estimator (12) Operations (13) Security (14) Purchasing (15) Environmental (16) Real Estate (99) Other (please specify):