

COMMERCIAL Construction & Renovation

Change of Address/Contact Form - Please print this form and complete all sections and return by fax (678) 765-6551 or by mail PO # 3908, Suwanee, GA 30024

Old Contact Information:

Account #: _____ (Your account number can be found above your name on your mailing label)

First Name _____ Last Name _____

Company Name: _____

Address: _____

City/State/Zip/Country: _____

New Contact Information:

First Name _____ Last Name _____

Job Title _____

Company Name: _____

Address: _____

City/State/Zip: _____ Country _____

Phone _____ Fax _____

Email _____

Yes, I would like to continue receiving a FREE subscription to CCR. No.

Signature _____ Date _____

1. Please indicate your organization's primary business: (choose one only)

- | | |
|---|--|
| <input type="checkbox"/> (A) Retail Chain | <input type="checkbox"/> (H) Contractor/Builder/Construction |
| <input type="checkbox"/> (N) Hospitality (Hotel, Motel, Resort, Cruise Line, etc. and Hospitality Management Co.) | <input type="checkbox"/> (I) Developer |
| <input type="checkbox"/> (C) Restaurant | <input type="checkbox"/> (Q) Management Company |
| <input type="checkbox"/> (U) Craft Brewery/Distributor | <input type="checkbox"/> (K) Financial/Purchasing Firm |
| <input type="checkbox"/> (O) Architecture Firm | <input type="checkbox"/> (R) Shopping Center Owner |
| <input type="checkbox"/> (G) Design Firm | <input type="checkbox"/> (S) Healthcare Facility |
| <input type="checkbox"/> (P) Engineering Firm | <input type="checkbox"/> (T) Government |
| | <input type="checkbox"/> (V) Multi-Housing |
| | <input type="checkbox"/> (L) Manufacturer/Supplier |
| | <input type="checkbox"/> (Z) Other (please specify) _____ |

2. Please indicate your primary job function: (choose one only)

- | | |
|---|---|
| <input type="checkbox"/> (1) Corporate Management | <input type="checkbox"/> (10) Project Management |
| <input type="checkbox"/> (2) Senior Management | <input type="checkbox"/> (11) Estimator |
| <input type="checkbox"/> (3) Management | <input type="checkbox"/> (12) Operations |
| <input type="checkbox"/> (4) Facilities | <input type="checkbox"/> (13) Security |
| <input type="checkbox"/> (5) Maintenance | <input type="checkbox"/> (14) Purchasing |
| <input type="checkbox"/> (6) Construction | <input type="checkbox"/> (15) Environmental |
| <input type="checkbox"/> (7) Architect | <input type="checkbox"/> (16) Real Estate |
| <input type="checkbox"/> (8) Engineer | <input type="checkbox"/> (99) Other (please specify): _____ |
| <input type="checkbox"/> (9) Design | |