Certifigand

Please complete this form and return to Mark Lowe via email to: mlowe@greaterlafayettecommerce.com

Applicant Information:

Name	Pho	one
Title	Mo	bile
Company	Er	nail
Address	Web addr	ess

Description of applicant's responsibilities:

Company description:

Year company started:

Company demographics:

	Two years	Last year	This year	Est. next year	Est. in two years	Est. in five years
	ago					
Number of employees						
Annual sales						
Level and types of private and govt. funding						

Describe your primary markets served and products/services provided:

Describe the geographic distribution of your product and how you envision that will evolve over the next few years. (i.e. local, regional, national, international).

What specifically is your company currently doing and planning to do in the future to meet your growth objectives over the next three to five years?

Why do you believe your company is *uniquely* positioned in the market to meet your growth objectives? (e.g. unique product, technology, service, distribution, etc.) Please be specific in your description.

Participants in a PODS group should be from non-competing companies. Please list any local companies that you feel are your direct competitors and should not be included in your group.

Please list other factors you believe the selection committee should consider.

Roundtable Costs Beta PODS \$250 per participant, one year commitment. (fees will be \$1,000 for subsequent PODS groups)

Name/Title