



BUSINESS PARTNER PROGRAM

Building Relationships that Support Connecticut Public Schools

PARTNERSHIP APPLICATION

PAGE 1 OF 2

Partnership Level (All Levels)

☐ Partner - \$1,500

☐ Associate

☐ Vendor

Select at least one.

Company Information (All Levels)

Information below will be used on our Partner page for our Partner Level; however, we ask our Associates and Vendors to complete this as well.

Contact Name: _____ Title: _____

Contact Email: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Website URL: _____

Facebook URL: _____

Twitter URL: _____

Complete below if the person submitting articles for the Leader's Report newsletter or submitting your advertising is different from the above.

Leader's Report:

Name: _____ Title: _____

Email: _____ Phone: _____

Advertisements:

Name: _____ Title: _____

Email: _____ Phone: _____

Other:

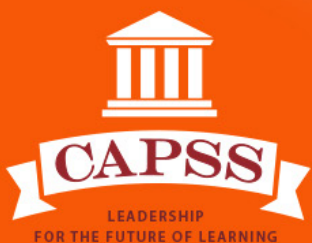
List anyone else that should be included in our communications with your firm (to be completed by all Levels).

Name: _____ Title: _____

Email: _____ Phone: _____

Name: _____ Title: _____

Email: _____ Phone: _____



50- to 100-word Company Profile (Partner Level Only)

Partners only: Profile will be used on CAPSS' website and Partner introduction to our members in the Leader's Report newsletter.

Business Category - (All Levels)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Architect | <input type="checkbox"/> Business Consulting | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Education/Instruction | <input type="checkbox"/> Facility Management | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Legal | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Transportation | | |
| <input type="checkbox"/> Other: _____ | | |

Signature of Company Representative - (All Levels)

Name (please print): _____

Title: _____

Date: _____

Signature: _____

Please complete this form and mail to:

Paulien Rorick

Staff Associate for Digital Communications

CT Association of Public School Superintendents (CAPSS)

26 Caya Avenue | West Hartford, CT 06110-0116

or email to:

prorick@capss.org

Upon receipt of Application we'll send you an invoice. The Partnership will proceed upon receipt of payment and is valid for one year from this date.

Questions?

Email prorick@capss.org or call: (860) 236-8640 x170