## CRC SUBSCRIPTION SERVICES

# REGISTRATION FORM

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please check the appropriate box for the category you are REGISTERING. Complete this form, and email it to: [info@crcmia.com](mailto:info@crcmia.com). | | | | | |
| CRC offers services to contractors to assist in building capacity within the firm through Business Support Services, Business Technical Support, Small Business Management Services by providing the services included, but not limited to, outlined below: | | | | | |
| SERVICE CATEGORIES: COST FOR SERVICES | | | | | |
| BUSINESS SUPPORT SERVICES: \_\_\_\_$100 per month  Administrative Assistance  Shared Office Facilities  Box Suite/Mail Distribution  Shared Telephone Services  Referrals  BUSINESS TECHNICAL SUPPORT): \_\_\_\_$ 50 per month  (Access to general services;  specific costs for services to be determined)  SMALL BUSINESS MANAGEMENT SUPPORT SERVICES: (To Be Determined)  Project Analysis/Provisions  Estimating Assistance  Bid Preparation Assistance  Contract Negotiation  Project Site Visitations | | | | | |
|  | | | | | |
| contact INFORMATION | | | | | |
| Name: | | | | ❑ Title | |
| Company | | | | Cell phone no.: | |
| ( ) | |
| Permanent Street Address | City: | | State/Zip Code: | | |
|  |  | |  | | |
| Occupation: | Email Address: | | | Business phone no.: | |
|  |  | | | ( ) | |
|  | | | | | |
| *Signature of Person completing this form and contact information.* | | | | | |
| Print Name: | |  | | |  |
|  | |  | | |  |
| Signature | | Phone # | | | Date |