

**GAINESVILLE AREA CHAMBER OF COMMERCE**  
**Small Business Council**  
**Consultation Program – Members Helping Members**  
**Request for Consultation - Confidential Application**

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Nature of your business \_\_\_\_\_

Years your company has been in business \_\_\_\_\_ Number of employees \_\_\_\_\_

**With what kind of consultant(s) do you wish to meet? If you wish to meet with more than one, please rank in order of priority.**

- |                              |                                   |                                 |
|------------------------------|-----------------------------------|---------------------------------|
| _____Accounting/CPA          | _____Ergonomics                   | _____Investment                 |
| _____Advertising & Marketing | _____General Management           | _____Personnel Issues           |
| _____Architect               | _____Health Care                  | _____Public Relations           |
| _____Attorney                | _____Human Resources              | _____Sales/Business Development |
| _____Banker                  | _____Industrial Hygiene, Safety & | _____Strategy & Planning        |
| _____Computer Specialist     | _____Occupational                 | _____Telecommunications         |
| _____Engineer                | _____Insurance                    |                                 |

**Describe your problem as specifically as possible. Additional sheets may be attached.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**In exchange for consulting services to be provided by the consultant as a part of the Consultation Program offered by the Gainesville Area Chamber of Commerce, I hereby agree to indemnify and hold harmless the Chamber and the consultant, their agents, employees, successors and assigns, from and against all damages, losses, costs and expenses, including attorney fees, which the member may incur by reason of advice received by the member from the consultant should the consultant or the Chamber be joined in any legal action brought against the member by any third party that may have directly or indirectly resulted from the consulting services received by the member from the consultant as part of the consulting services provided by the consultant to the member as part of the Chamber's Consultation Program.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form to Small Business Advisory Council, P.O. Box 1187, Gainesville, Florida 32602 or send to Fax: 352-334-7141. If you have questions, please call Tim Ledvina at 352-334-7105 x 323 or e-mail tim@gainesvillechamber.com

**For office use only**

Consultant			
Name: _____	Company _____	Category _____	
Phone _____	Fax _____	Date Referred _____	Date Received Services _____
Consultant			
Name: _____	Company _____	Category _____	
Phone _____	Fax _____	Date Referred _____	Date Received Services _____