

GAINESVILLE AREA CHAMBER OF COMMERCE

Small Business Council

Consultation Program – Members Helping Members

Consultant - Confidential Application

Name: _____ Title: _____

Company: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Education/Certification: _____

Describe your position: _____

Area(s) of expertise:

<input type="checkbox"/> Accounting/CPA	<input type="checkbox"/> Ergonomics	<input type="checkbox"/> Investment
<input type="checkbox"/> Advertising & Marketing	<input type="checkbox"/> General Management	<input type="checkbox"/> Personelle Issues
<input type="checkbox"/> Architect	<input type="checkbox"/> Health Care	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Attorney	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Sales/Business Development
<input type="checkbox"/> Banker	<input type="checkbox"/> Industrial Hygiene, Safety &	<input type="checkbox"/> Strategy & Planning
<input type="checkbox"/> Computer Specialist	<input type="checkbox"/> Occupational	<input type="checkbox"/> Telecommunications
<input type="checkbox"/> Engineer	<input type="checkbox"/> Insurance	

I have read the requirements for a counselor in my area and attest that I meet these qualifications. Additionally:

1. I hereby agree to fulfill my responsibilities as a consultant to the best of my ability.
2. I hereby agree to keep anything divulged during a consultation session in strictest confidence.

Signature: _____ Date: _____

A resume or other information may be attached. Please include all appropriate documentation and return completed form to the GACC Small Business Advisory Council, Post Office Box 1187, Gainesville, FL 32602. Fax 352-334-7141. If you have questions, please call Tim Ledvina at (352) 334-7105 x323 or email to tim@gainesvillechamber.com.

For office use only

Company Referred: _____

Phone: _____ Fax: _____

Date Contacted Consultant: _____ Date Services Received: _____