



PROFESSIONAL RESOURCE PROGRAM [PRP]

REQUEST FOR PROFESSIONAL RESOURCE PROGRAM ASSISTANCE

Note: ALL areas MUST be COMPLETED and SIGNED to qualify for assistance.
(Please type or print.)

Company Name _____

Your Name _____ Title _____

Address _____ City _____ St _____ Zip _____

Phone _____ Fax _____

Email _____

Type of Business _____

Year Company Established _____ Number of Employees _____

*If not company CEO/owner, have you been authorized to participate in the Professional Resource Program on behalf of your company? ___Yes ___No

State your specific reason(s) for requesting the assistance of a Professional Resource Program volunteer:

List specific questions you would like answered:

Other pertinent information:

I authorize release of the above information to the Professional Resource Program volunteer(s) who will be providing professional assistance with the understanding this information will be held in strict confidence. I am authorized to provide this information on behalf of the above-named company. I waive all claims against volunteers in the Professional Resource Program and their businesses, and members, volunteers and staff of the Greater Reading Chamber of Commerce & Industry.

Your signature and title

Date