



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.)

I request assistance from the Greater Reading Chamber of Commerce & Industry Professional Resource Program. I understand that the professional assigned will treat all information and data received in complete confidence.

I understand this to be sharing of knowledge and experience for which no fees will be solicited or accepted by the Greater Reading Chamber of Commerce & Industry or the Professional Resource Program volunteer professional. In consideration of the requested assistance, I hereby waive my right to any and all claims against the Greater Reading Chamber of Commerce & Industry, the individuals acting on behalf of the Greater Reading Chamber of Commerce & Industry in their capacity in the Professional Resource Program, and their individual employer. We further agree to defend and to hold the Greater Reading Chamber of Commerce & Industry, those individuals and their employers, harmless from any liability arising out of this assistance.

Client:

Signature: _____ Date: _____

Name [printed]: _____

Company: _____

Volunteer:

Signature: _____ Date: _____

Name [printed]: _____

Company: _____

Return completed form to:
Greater Reading Chamber of Commerce & Industry, ATTN: PRP
201 Penn Street, Ste 501, Reading PA 19601

Or Fax: 610-376-4135

Any Questions? Call 610-898-8385