

COMPANY PROFILE

Kindly complete every question wherever applicable. If space is insufficient for complete answers, attach additional sheet, abbreviate as necessary. You may also fill out this form electronically at cincinnati-chamber.com/member/MyChamUpdate.aspx. If you have any questions, please call 513.579.3159 or contact us at members@cincinnati-chamber.com. The information collected below will be used in our Business Connections Membership Directory, on our Web site and may be used by the Chamber for market research and analysis as well as shared with other companies.

PART I.

1. Company name: **(Use the name you want to be known as and as it will appear in our directory and Web site. Maximum 50 characters/spaces.)**

Mailing Address: _____

Address for directory/web site (if different): _____

City: _____ State: _____ Zip: _____ County: _____

Telephone: () _____ Fax: () _____

Web Site address: _____

Company e-mail address for directory/web site: _____

Workers' Compensation Risk Number: _____

2. Please describe products or services available. Please limit your description to 25 words or less.

3. Please list keywords for web site searching. Please limit words to 25 or less.

Check One: Manufacturer (if applicable): Female Owned Certified? Yes No Certification Date: _____
 Retailer Wholesaler Other Minority Owned Certified? Yes No Certification Date: _____

NAICS Code*: Primary: |_|_|_|_|_|_|_| Others (if applicable): : |_|_|_|_|_|_|_|, |_|_|_|_|_|_|_|, |_|_|_|_|_|_|_|

*North American Industry Classification. If not known, leave blank, or look up at www.naics.com

4. Type of organization (check one): CorporationPartnership Sole Proprietorship Non-Profit 501c3*
 Non/Not-for-Profit* Other If Corporation: Publicly Held Privately Held Family Owned

*If organization is non-profit/501c3, please attach designation letter.

5. Number of full-time equivalent employees in the 15-county region: _____

6. Year established (local office/operation): _____

7. Estimated annual sales (check one): under \$1 million \$1 - 4.9 million \$5 - 9.9 million
 \$10 - 24.9 million \$25 - 99.9 million \$100 million+ Do Not Disclose

8. Market area of local office/operation (check one): Local is defined as 75% or more of sales volume within the Cincinnati 15-county metropolitan area - Hamilton, Brown, Butler, Clermont and Warren in Ohio; Boone, Bracken, Campbell, Kenton, Gallatin, Grant and Pendleton in Kentucky; Dearborn, Franklin and Ohio in Indiana. Regional is defined as 75% or more of sales volume in the states of Ohio, Kentucky, Indiana, Michigan and West Virginia.

Local Regional National International

Check if appropriate: Importer Exporter

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PART II.

9. Key personnel – **Local** key executives or officers (up to five) to be listed in directory. We will treat personal e-mail addresses confidentially. (If address is different from mailing address in Item 1, please specify.)

(Name) _____ (Title) _____ (e-mail) _____

(Name) _____ (Title) _____ (e-mail) _____

(Name) _____ (Title) _____ (e-mail) _____

(Name) _____ (Title) _____ (e-mail) _____

(Name) _____ (Title) _____ (e-mail) _____

Other **local** executives (and titles) with these responsibilities:

Sales/Marketing: _____ (e-mail) _____

Office Manager: _____ (e-mail) _____

Purchasing: _____ (e-mail) _____

HR/Personnel: _____ (e-mail) _____

Controller: _____ (e-mail) _____

Environmental Safety: _____ (e-mail) _____

Info Tech./Sys: _____ (e-mail) _____

Supplier Diversity: _____ (e-mail) _____

Name, title and e-mail of person to be designated as “primary contact” to receive mailings and other correspondence:

(Name) _____ (Title) _____ (e-mail) _____

If Membership dues invoice is to be sent to someone other than “primary contact” please specify and if address is different from above:

(Name) _____ (Title) _____ (e-mail) _____

(Street Address) _____ (City) _____ (State) _____ (Zip) _____

PART III.

10. Local subsidiaries, branches or major divisions (within Cincinnati 15-county metropolitan area) with name and/or address other than that stated in Part 1. Please be sure to indicate subsidiary (S), branch (B) or division (D) in the “Type” space.

(Name) _____ (Full Address) _____ (Type) _____

(Name) _____ (Full Address) _____ (Type) _____

(Name) _____ (Full Address) _____ (Type) _____

11. Parent company:

(Name) _____ (Address) _____

12. Any other names your company is known as: (This information is for database cross-reference.)

Individual completing questionnaire: **(Please print)**

Name _____ Telephone () _____

I understand that by providing my company fax number and email address, I consent to receive faxes and email messages sent by or on behalf of the Cincinnati USA Regional Chamber (and its programs and affiliates). I understand the Cincinnati USA Regional Chamber will not share individual email addresses with other organizations.

Signature _____ Date _____