



# Registration Form

## Strategic Marketing Workshop

Company Name:		
Address:		
City	State	Zip Code
Phone:	Fax:	
Email:		
To help us tailor the workshop program, please provide a brief description of your company:		
Industry (circle): <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing <input type="checkbox"/> Service <input type="checkbox"/> IT <input type="checkbox"/> Consulting <input type="checkbox"/> Training <input type="checkbox"/> Construction, <input type="checkbox"/> Other (Describe):		
Product/Service Description:		
Please provide attendee information below:		

Name(s)			
Title			
Department			
Phone			
Email			

**Check Organization Affiliation:**

- Rochester Black Business Association
- Rochester Hispanic Business Association
- Urban League Business Development
- Rochester Gas and Electric Corp.

Call: 585-724-8827

Fax Form By June 20, 2008 to: **585-724-8691**

Scan and Email to: [patricia\\_maier@rge.com](mailto:patricia_maier@rge.com)

Mail to: Patricia Maier, RG&E, 89 East Avenue, Rochester, NY 14649