MANUFACTURING ADVOCACY SERIES: REGIONAL MEETING

SEPTEMBER 28, 2016

INTEREST FORM

NAME OF ORGANIZATION: _____

PRIMARY CONTACT NAME: _____
TITLE: _____
EMAIL: _____
WORK PHONE: _____
CELL PHONE: _____
ADDRESS: _____
_____
CITY, STATE, ZIP: _____
COUNTY: _____

ORGANIZATION IS A:

- ☐ MANUFACTURER — TOTAL NO. OF EMPLOYEES: #_____
- ☐ COLLEGE/SCHOOL — ☐ HAVE ESTABLISHED MANUFACTURING PROGRAMS
- ☐ SERVICE PROVIDER — SERVICE PROVIDED: _____
- ☐ OTHER_____

WE HAVE INTEREST IN:

- ☐ CURRENT NTAP PROGRAM (MACHINIST)
  - WE HAVE #_____OF POTENTIAL APPRENTICES
- ☐ FUTURE APPRENTICESHIP PROGRAM(S) IN:
  - _____
  - _____
- ☐ OTHER:_____
  - _____

ADDITIONAL COMMENTS:

_____

_____

PLEASE RETURN FORM TO THE TABLE IN THE BACK OF THE ROOM

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258 EAST COUNTY LINE ROAD
HATBORO, PA 19040
215-675-4144

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