



BUSINESS 2 BUSINESS MATCHMAKING REGISTRATION

COMPANY – CONTACT INFORMATION

Company / Agency Name: _____

Headquarters Location: _____ Web Site: _____

Address: _____

City/State/Zip: _____

Contact Name: _____ Title: _____

E-mail: _____

Office: _____ Cell: _____

Are you a member of a Hispanic Chamber and/or other Business Organization? If so, which one(s)?

BUSINESS INFORMATION

Year Established: _____ Number of Employees: _____ Business Structure: _____

Product/Service Description Offered: _____

Product/Service Description Requested: _____

Are you a Certified D/M/WBE/HUB? Yes ___ No ___ If so, by whom? _____

PUBLIC AGENCY INFORMATION

Product/Service Requested and/or Utilized: _____

This offer will not be binding against TAMACC in the event of any strike, lockout, injunction, act of war, act of God, emergency declared by any government agency or any other circumstances beyond the control of TAMACC. TAMACC is not responsible for injuries or loss of personal property.

Everyone is welcome to attend the Suppliers and Buyers Networking, but this form must be completed. Please complete and send to TAMACC, 606 Main Street, Buda, Texas 78610, (512) 444-5727 or e-mail to panton@TAMACC.org.