

# COMMERCIAL Construction & Renovation

**Change of Address/Contact Form - Please print this form and complete all sections and return by fax (678) 765-6551 or by mail PO # 3908, Suwanee, GA 30024**

## **Old Contact Information:**

Account #: \_\_\_\_\_ (Your account number can be found above your name on your mailing label)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip/Country: \_\_\_\_\_

## **New Contact Information:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Job Title \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Yes, I would like to continue receiving a FREE subscription to CCR.  No.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **1. Please indicate your organization's primary business: (choose one only)**

- |  |  |
|--|--|
| <input type="checkbox"/> (A) Retail Chain  | <input type="checkbox"/> (H) Contractor/Builder/Construction |
| <input type="checkbox"/> (N) Hospitality (Hotel, Motel, Resort,, Cruise Line, etc. and Hospitality Management Co.) | <input type="checkbox"/> (I) Developer                       |
| <input type="checkbox"/> (C) Restaurant  | <input type="checkbox"/> (Q) Management Company              |
| <input type="checkbox"/> (O) Architecture Firm   | <input type="checkbox"/> (K) Financial/Purchasing Firm       |
| <input type="checkbox"/> (G) Design Firm   | <input type="checkbox"/> (R) Shopping Center Owner           |
| <input type="checkbox"/> (P) Engineering Firm  | <input type="checkbox"/> (S) Healthcare Facility             |
|  | <input type="checkbox"/> (L) Manufacturer/Supplier           |
|  | <input type="checkbox"/> (Z) Other (please specify) _____    |

## **2. Please indicate your primary job function: (choose one only)**

- |   |   |
|---|---|
| <input type="checkbox"/> (1) Corporate Management | <input type="checkbox"/> (10) Project Management            |
| <input type="checkbox"/> (2) Senior Management    | <input type="checkbox"/> (11) Estimator                     |
| <input type="checkbox"/> (3) Management           | <input type="checkbox"/> (12) Operations                    |
| <input type="checkbox"/> (4) Facilities           | <input type="checkbox"/> (13) Security                      |
| <input type="checkbox"/> (5) Maintenance          | <input type="checkbox"/> (14) Purchasing                    |
| <input type="checkbox"/> (6) Construction         | <input type="checkbox"/> (15) Environmental                 |
| <input type="checkbox"/> (7) Architect            | <input type="checkbox"/> (16) Real Estate                   |
| <input type="checkbox"/> (8) Engineer             | <input type="checkbox"/> (99) Other (please specify): _____ |
| <input type="checkbox"/> (9) Design               |   |