

Renewal Form

Please print this form and complete all sections and return by fax (678) 765-6551 or by mail P.O. Box 3908, Suwanee, GA 30024

Contact Information:

First Name	Last Name
Job Title	
Company Name:	
Address:	
City/State/Zip:	Country
Phone F	-ax
Email	
Yes, I would like to continue receiving a FRE Signature	·
 1. Please indicate your organization's primary (A) Retail Chain (N) Hospitality (Hotel, Motel, Resort,, Cruise Line, etc. and Hospitality Management Co.) (C) Restaurant (O) Architecture Firm (G) Design Firm (P) Engineering Firm 	business: (choose one only) (H) Contractor/Builder/Construction (I) Developer (Q) Management Company (K) Financial/Purchasing Firm (R) Shopping Center Owner (S) Healthcare Facility (L) Manufacturer/Supplier (Z) Other (please specify)
2. Please indicate your primary job function: (choose one	only)
 □ (1) Corporate Management □ (2) Senior Management □ (3) Management □ (4) Facilities □ (5) Maintenance □ (6) Construction □ (7) Architect □ (8) Engineer □ (9) Design 	☐ (10) Project Management ☐ (11) Estimator ☐ (12) Operations ☐ (13) Security ☐ (14) Purchasing ☐ (15) Environmental ☐ (16) Real Estate ☐ (99) Other (please specify):