



Corporate Membership Form

* - required field.

* Please indicate your membership type: New Member Renewing Member

* Please sign us up as a Corporate Member (available to residents of North America only) - \$400

Please sign us up as an International Corporate Member - \$600

Representative 1

Membership ID:	<input type="text"/>
Priority Code (if any):	<input type="text"/>
* First Name:	<input type="text"/>
* Last Name:	<input type="text"/>
Job Title:	<input type="text"/>
* Company:	<input type="text"/>
* Preferred Mailing Address:	<input type="text"/>
	* City: <input type="text"/>
	* State: <input type="text"/> * Zip Code: <input type="text"/>
	* Country: <input type="text"/>
* Preferred Contact Phone Number:	<input type="text"/>
Fax:	<input type="text"/>

* **Email Address:**

* **Title/Job Function: (Choose One)**

- Consultant
- Database Administrator
- Data/Telecommunications
- Electrical/Mechanical Engineering
- Executive (Pres/Owner/VP/CIO)
- Financial/Accounting/Purchasing
- IS/MIS Director or Manager
- Manufacturing/Production
- Network Administrator/Manager
- Operator
- Operations/Data Center Manager
- Other Computer Related
- Other Departmental
- Professionals (Legal,Medical, etc.)
- Project Leader/Project Manager
- Quality Assurance
- Sales/Marketing/Account Rep
- Scientist/Research/R&D
- Software Developer/Program Analyst
- System Administrator
- Technical Manager
- Training/Education
- Other, please specify:

Representative 2

Membership ID:

Priority Code (if any):

* **First Name:**

* **Last Name:**

Job Title:

* **Company:**

* **Preferred Mailing Address:**

* City:

* State: * Zip Code:

* Country:

* Preferred Contact Phone Number:

Fax:

* Email Address:

* Title/Job Function: (Choose One)

- Consultant
- Database Administrator
- Data/Telecommunications
- Electrical/Mechanical Engineering
- Executive (Pres/Owner/VP/CIO)
- Financial/Accounting/Purchasing
- IS/MIS Director or Manager
- Manufacturing/Production
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- Operator
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- Other Computer Related
- Other Departmental
- Professionals (Legal,Medical, etc.)
- Project Leader/Project Manager
- Quality Assurance
- Sales/Marketing/Account Rep
- Scientist/Research/R&D
- Software Developer/Program Analyst
- System Administrator
- Technical Manager
- Training/Education
- Other, please specify:

Representative 3

Membership ID:

Priority Code (if any):

* First Name:

* **First Name:**

* **Last Name:**

Job Title:

* **Company:**

* **Preferred Mailing Address:**

* **City:**

* **State:** * **Zip Code:**

* **Country:**

* **Preferred Contact Phone Number:**

Fax:

* **Email Address:**

* **Title/Job Function: (Choose One)**

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- Database Administrator
- Data/Telecommunications
- Electrical/Mechanical Engineering
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- Project Leader/Project Manager
- Quality Assurance
- Sales/Marketing/Account Rep
- Scientist/Research/R&D
- Software Developer/Program Analyst
- System Administrator
- Technical Manager

Training/Education

Other, please specify:

Representative 4

Membership ID:

Priority Code (if any):

* **First Name:**

* **Last Name:**

Job Title:

* **Company:**

* **Preferred Mailing Address:**

* **City:**

* **State:**

* **Zip Code:**

* **Country:**

* **Preferred Contact Phone Number:**

Fax:

* **Email Address:**

* **Title/Job Function: (Choose One)**

Consultant

Database Administrator

Data/Telecommunications

Electrical/Mechanical Engineering

Executive (Pres/Owner/VP/CIO)

Financial/Accounting/Purchasing

IS/MIS Director or Manager

Manufacturing/Production

Network Administrator/Manager

Operator

Operations/Data Center Manager

Other Computer Related

Other Departmental

- Professionals (Legal, Medical, etc.)
- Project Leader/Project Manager
- Quality Assurance
- Sales/Marketing/Account Rep
- Scientist/Research/R&D
- Software Developer/Program Analyst
- System Administrator
- Technical Manager
- Training/Education
- Other, please specify:

Representative 5

Membership ID:

Priority Code (if any):

* **First Name:**

* **Last Name:**

Job Title:

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* **Preferred Mailing Address:**

* **City:**

* **State:**

* **Zip Code:**

* **Country:**

* **Preferred Contact Phone Number:**

Fax:

* **Email Address:**

* **Title/Job Function: (Choose One)**

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- Database Administrator
- Data/Telecommunications
- Electrical/Mechanical Engineering

- Executive (Pres/Owner/VP/CIO)
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- Other Computer Related
- Other Departmental
- Professionals (Legal,Medical, etc.)
- Project Leader/Project Manager
- Quality Assurance
- Sales/Marketing/Account Rep
- Scientist/Research/R&D
- Software Developer/Program Analyst
- System Administrator
- Technical Manager
- Training/Education
- Other, please specify:

* **1. Industry (Choose One)**

- Education K_12
- Education (Higher)
- Entertainment
- Government, Federal
- Government, State/Local
- Financial Services
- Healthcare
- Manufacturing
- Research
- Retail/Wholesale
- Telecommunications/ISP
- Utilities
- Service Provider
- Engineering
- Other (please specify)

* **2. Current Software Operating Environments (Check all that apply)**

- Linux
- OpenVMS
- HP-UX
- Tru64 Unix
- Other Unix
- Microsoft Windows and Windows Server
- MVS/Other Mainframe
- MacOS
- NonStop Kernel
- MPE
- Other (please specify)

* **3. Current Server Hardware Platforms (Check all that apply)**

- Alpha
- Itanium (IA64)
- Intel 32 - ProLiant
- Intel 32 - Non-ProLiant
- PA-RISC
- Non-Stop
- Other (please specify)

4. Number of Employees

- 10,000 or more
- 9,999 to 5,000
- 4,999 to 1,000
- 999 to 500
- 499 to 250
- 249 to 100
- 99 to 6
- 6 or fewer

* **5. Annual Computer Related Expenditures (company wide)**

- Over \$50,000,000
- Over \$10,000,000
- Over \$1,000,000
- \$500,000 - \$1,000,000
- \$250,000 - \$500,000
- \$50,000 - \$250,000
- Don't Know

* **6. Primary Application**

- Application Development

Business Intelligence

CRM

Data Warehouse

Education

ERP

High Performance Computing

Internet

Messaging and Collaboration

Scientific/Technical Computation

Application Service Provider

Graphics

Other (please specify)

* **6. What emerging technologies are you watching?**

* **7. What technologies are causing you the most concern?**

GRAND TOTAL =

This form must be accompanied with payment. Please make checks payable to "Encompass" or provide credit card information below.

* MasterCard Visa American Express

* **Credit Card Number:**

* **Exp. Date:**

* **Name as it appears on card:**

* **Billing address** (for verification purposes only):

**Mail or fax this form to:
Encompass Headquarters
401 N. Michigan Ave., 22nd Fl.
Chicago, IL 60611
Phone: 877-354-9887
Fax: (312) 673-4609**