**Payment Information**:

Please submit a cheque to the following address:

DRIE Chapter securing the National Sponsor:

*(To be completed by Chapter Sponsorship Director) (click in the appropriate box):*

Atlantic  Central  Ottawa  SW Ontario

Toronto  West  Quebec

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| Chapter Billing Mailing Address: | |  | |
| Street Address: |  |  | |
| Street Address: |  | P.O. Box |  |
| City: |  | Province: |  |
| Postal Code: |  |  | |

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| **Sponsor Company Name:** |  | Date: |  |
| **Sponsor Company Web Site:** |  |  |  |
| **Industry Sector:** | Choose an item. |  |  |

**Company Description:**

Some Chapters post a description of the services you offer along with your company logo and contact information on the local DRIE Web Site. Please provide a description for applicable chapters.

Description (maximum 500 characters):

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**Company logo provided** (jpg formal please): Yes attached

**Chapter Contact Information:**

Please provide contact information for the primary contact between DRIE and your company. If you have different contacts for each chapter, please provide in appropriate sections below:

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| --- | --- | --- | --- |
| **Primary Contact:** | |  | |
| Name: |  | Title: |  |
| Email: |  | B Phone: |  |
|  |  | Mobile: |  |
| Role: | Choose an item. | Field: | Choose an item. |
| Street Address: |  |  | |
| Street Address: |  | P.O. Box |  |
| City: |  | Province: |  |
| Postal Code: |  |  | |
|  |  |  | |
| **DRIE Atlantic** | | Same as Primary | |
| Name: |  | Title: |  |
| Email: |  | B Phone: |  |
|  |  | Mobile: |  |
| Role: | Choose an item. | Field: | Choose an item. |
| Street Address: |  |  | |
| Street Address: |  | P.O. Box |  |
| City: |  | Province: |  |
| Postal Code: |  |  | |

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| **DRIE Central** | | Same as Primary | |
| Name: |  | Title: |  |
| Email: |  | B Phone: |  |
|  |  | Mobile: |  |
| Role: | Choose an item. | Field: | Choose an item. |
| Street Address: |  |  | |
| Street Address: |  | P.O. Box |  |
| City: |  | Province: |  |
| Postal Code: |  |  | |

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| **DRIE Ottawa** | | Same as Primary | |
| Name: |  | Title: |  |
| Email: |  | B Phone: |  |
|  |  | Mobile: |  |
| Role: | Choose an item. | Field: | Choose an item. |
| Street Address: |  |  | |
| Street Address: |  | P.O. Box |  |
| City: |  | Province: |  |
| Postal Code: |  |  | |

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| **DRIE SW Ontario** | | Same as Primary | |
| Name: |  | Title: |  |
| Email: |  | B Phone: |  |
|  |  | Mobile: |  |
| Role: | Choose an item. | Field: | Choose an item. |
| Street Address: |  |  | |
| Street Address: |  | P.O. Box |  |
| City: |  | Province: |  |
| Postal Code: |  |  | |

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| **DRIE Toronto** | | Same as Primary | |
| Name: |  | Title: |  |
| Email: |  | B Phone: |  |
|  |  | Mobile: |  |
| Role: | Choose an item. | Field: | Choose an item. |
| Street Address: |  |  | |
| Street Address: |  | P.O. Box |  |
| City: |  | Province: |  |
| Postal Code: |  |  | |

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| **DRIE West** | | Same as Primary | |
| Name: |  | Title: |  |
| Email: |  | B Phone: |  |
|  |  | Mobile: |  |
| Role: | Choose an item. | Field: | Choose an item. |
| Street Address: |  |  | |
| Street Address: |  | P.O. Box |  |
| City: |  | Province: |  |
| Postal Code: |  |  | |

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| **DRIE Quebec** | | Same as Primary | |
| Name: |  | Title: |  |
| Email: |  | B Phone: |  |
|  |  | Mobile: |  |
| Role: | Choose an item. | Field: | Choose an item. |
| Street Address: |  |  | |
| Street Address: |  | P.O. Box |  |
| City: |  | Province: |  |
| Postal Code: |  |  | |