



Mississippi Enterprise for Technology

John C. Stennis Space Center

Affiliate Application

Company: _____

Date: _____ - _____ - _____ (MM-DD-YYYY)

Address: _____

Contact Name: _____

Website: Yes No

Contact Name: _____

(Alternate)

(If yes please provide URL.)

Business Number: (____) - ____ - ____

Business Website: _____

Fax Number: (____) - ____ - ____

Mobile Number: (____) - ____ - ____

Please Mark (X) one.

<input type="checkbox"/>	99 Employees or Less
<input type="checkbox"/>	100-499 Employees
<input type="checkbox"/>	500 or More Employees

Please Mark (X) Length of Affiliate Desired.

<input type="checkbox"/>	Annual
<input type="checkbox"/>	Monthly
<input type="checkbox"/>	# of Months

Brief Description of Company Products and/or Services

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