



Small Business Exchange, Inc. Diversity Outreach
ORDER FORM • FAX: (415) 778-6255 • EMAIL: sbe@sbeinc.com

NUMBER OF CONTACTS: _____ TELEPHONE FOLLOW-UP: Yes [] No []

METHOD(S) FAX EMAIL MAIL RECALLS: Yes No

ADDITIONAL SERVICES Documentation in Print ___ Electronic ___ Format

ADVERTISEMENTS: Yes () No () If yes, indicate publication and dates below.

- [] SBE Newspaper, publishes THURSDAY DATE(s) _____
[] SBE Today E-Publication, publishes Monday through Friday DATE(s) _____
[] www.sbeinc.com - internet ad EXPIRATION DATE: _____

MBDA Portal Posting [] SBA Sub-Net Posting [] Other [] Specify _____

Dollar Est. _____ Duration: _____

CERTIFICATION REQUIREMENTS: _____

FOCUS GROUPS: [] MBE [] DVBE [] DBE [] WBE [] OTHER _____

CITIES (or) COUNTY: (List the location areas from which you are seeking participants) _____

AGENCY/ORGANIZATION CONTACT: Yes [] No []

METHOD(S) [] FAX [] EMAIL [] MAIL

ONLINE SEARCHES [] SPECIFY

Separate _____

Search For Each Trade YES [] No []

[] Search by project location only [] Other

Trades:

(NOTE: You can attached a separate sheet with just the trades)

NOTE: Ads Begin on date(s) specified. Outreach Processing begins one week from receipt of order unless priority service is requested.

CUSTOM REPORTS [] YES [] NO Describe:

Documentation requested by (date):

Data Query Requirement(s) [] NAIC [] SIC [] UNSPSC [] Other Specify _____

CONTRACT / RFP NUMBER: _____

PROJECT LOCATION: _____ BID DATE: _____

(NOTE: PLEASE SEND AD COPY AND THE PORTION OF THE SPEC THAT OUTLINES THE GFE STEPS FOR THIS SPECIFIC PROJECT)

COMPANY INFORMATION

COMPANY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP _____

PHONE: _____ FAX: _____

Email: _____

CONTACT: _____

AUTHORIZED BY: _____ DATE: _____

Corporate Office