



27th Annual EEI Supplier Diversity Conference
May 18-20, 2010 • The Westin Crown Center, Kansas City, MO

BUSINESS MATCHMAKING FORM

Company Name: _____

Contact Name: _____

Title: _____

Phone: _____ E-mail address: _____

Web Site: _____

Years in business: _____

List Diverse Business Classification (MBE, WBE, DVBE) _____

*Important Please provide copies of all M/W/DBE Certifications**

Primary Business: _____

What geographic area(s) does your company serve?

What products and services does your company provide (*please be very specific*)?

Would you like to schedule double appointment times
(*you have more than one company representative available*)?

State any scheduling time restrictions (*e.g., need to end earlier due to flight*):

Include any utilities you are currently doing business with or are not interested in meeting with at this time.

Please complete and return by Friday, April 30, 2010
dmatthews@eei.org or fax (202) 508-5789