

ISPA Annual Membership Directory *Who's Who*

Please complete this form and fax it to 914-921-1593 or e-mail it to: icaruso@ispa.org.

Surname: _____

Given Name: _____

Email Address: _____

Company Website/URL: _____

Position: _____

Company: _____

Company Details:

Address: _____

City/State/Mail Code: _____

Country: _____

Office Tel: Country Code _____ City/Area Code _____ Local # _____

Home/Cell: Country Code _____ City/Area Code _____ Local # _____

FAX: Country Code _____ City/Area Code _____ Local # _____

1. Company Description (What does your company do?): (no more than 150 words)

2. Job Responsibilities (What are your responsibilities?): (no more than 150 words)

3. Previous Experience: (no more than 150 words)

4. Professional Interests and Expertise: (no more than 150 words)

5. Personal Interest (no more than 150 words)

6. Languages:

7. Other Associations (to which you belong): (no more than 150 words)