



BUSINESS PARTNER PROGRAM

*Building Relationships that Support
Connecticut Public Schools*



PARTNERSHIP APPLICATION

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Partnership Level (All Levels)

Partner - \$1,500

Associate

Select at least one. Please visit our Partnership Levels page at <https://www.capss.org/partnership/partnership-levels> for details of both levels. A Worksheet for Associate-level benefits will be provided when this Partnership Application has been received.

Company Information (All Levels)

Information below will be used on our Partner page for our Partner Level; however, we ask our Associates to complete this as well.

Contact Name: _____ Title: _____

Contact Email: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Website URL: _____

Facebook URL: _____

Twitter URL: _____

Complete below if the person submitting articles for the Leader's Report newsletter or submitting your advertising is different from the above.

Leader's Report:

Name: _____ Title: _____

Email: _____ Phone: _____

Advertisements:

Name: _____ Title: _____

Email: _____ Phone: _____

Other:

List anyone else that should be included in our communications with your firm.

Name: _____ Title: _____

Email: _____ Phone: _____

Name: _____ Title: _____

Email: _____ Phone: _____

50- to 100-word Company Profile (Partner Level Only)

Partners only: Profile will be used on CAPSS' website and Partner introduction to our members in the Leader's Report newsletter.

Business Category - (All Levels)

<input type="checkbox"/> Architect	<input type="checkbox"/> Business Consulting	<input type="checkbox"/> Construction
<input type="checkbox"/> Education/Instruction	<input type="checkbox"/> Facility Management	<input type="checkbox"/> Finance
<input type="checkbox"/> Insurance	<input type="checkbox"/> Legal	<input type="checkbox"/> Technology
<input type="checkbox"/> Transportation		
<input type="checkbox"/> Other: _____		

Signature of Company Representative - (All Levels)

Name (please print): _____

Title: _____

Date: _____

Signature: _____

Please complete this form and send to:

Paulien Rorick
Staff Associate for Digital Communications
CT Association of Public School Superintendents (CAPSS)
26 Caya Avenue | West Hartford, CT 06110-0116

Upon receipt of Application, we'll send you an Associate-level worksheet if interested. The Partnership will proceed upon receipt of payment and is valid for one year from receipt of payment.

Questions?

Email prorick@capss.org or call: (860) 236-8640 x170