

Please return completed form to:

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General Information

Company _____ Phone _____
Address _____ Fax _____
City _____ State _____ Zip _____ Email _____

Company Information

Business type _____ # of Employees _____ Revenue (M) _____

Target Market(s) _____

Sales locations _____

Business Contact Name _____ Phone _____
Email _____

Sales Contact Name _____ Phone _____
Email _____

Engineering Contact Name _____ Phone _____
Email _____

Purpose of Partnership / Integration Ideas

Signature _____

Print _____

Date _____