

# 2008 CONTRACTORS GUIDE

**SUBMIT**

If you would like confirmation that we have received your submission, enter your email address:

\_\_\_\_\_

- Please complete all fields
- Then click "Submit" button to the right.
- Your company's information will be submitted to us via email.
- If you have any questions about this form, please call 404-832-8262.

**Company Name:** \_\_\_\_\_

**Types of commercial real estate projects:**

- Office       Industrial       Multifamily       Retail       Hospitality  
 Senior housing       Other \_\_\_\_\_

**Services:**

- Pre-construction Services       Electronic Communications       In-house Permit Accelerator  
 12-month Walk-Through       Creative Problem Solving       Warranty Follow-up  
 On time / Accelerated Schedules       Other \_\_\_\_\_

**States in which your firm provides services:**

- |                             |                             |   |                             |                             |                             |                             |                             |
|-----------------------------|-----------------------------|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> AK | <input type="checkbox"/> AR               | <input type="checkbox"/> AZ | <input type="checkbox"/> CA | <input type="checkbox"/> CO | <input type="checkbox"/> CT | <input type="checkbox"/> DE |
| <input type="checkbox"/> FL | <input type="checkbox"/> GA | <input type="checkbox"/> HI               | <input type="checkbox"/> ID | <input type="checkbox"/> IL | <input type="checkbox"/> IN | <input type="checkbox"/> IA | <input type="checkbox"/> KS |
| <input type="checkbox"/> KY | <input type="checkbox"/> LA | <input type="checkbox"/> ME               | <input type="checkbox"/> MD | <input type="checkbox"/> MA | <input type="checkbox"/> MI | <input type="checkbox"/> MN | <input type="checkbox"/> MS |
| <input type="checkbox"/> MO | <input type="checkbox"/> MT | <input type="checkbox"/> NE               | <input type="checkbox"/> NV | <input type="checkbox"/> NH | <input type="checkbox"/> NJ | <input type="checkbox"/> NM | <input type="checkbox"/> NY |
| <input type="checkbox"/> NC | <input type="checkbox"/> ND | <input type="checkbox"/> OH               | <input type="checkbox"/> OK | <input type="checkbox"/> OR | <input type="checkbox"/> PA | <input type="checkbox"/> RI | <input type="checkbox"/> SC |
| <input type="checkbox"/> SD | <input type="checkbox"/> TN | <input type="checkbox"/> TX               | <input type="checkbox"/> UT | <input type="checkbox"/> VT | <input type="checkbox"/> VA | <input type="checkbox"/> WA | <input type="checkbox"/> WV |
| <input type="checkbox"/> WI | <input type="checkbox"/> WY | <input type="checkbox"/> Washington, D.C. |                             |                             |                             |                             |                             |

If you want the same contact information listed in all of our publications, enter it here. If you have different regional contacts, please enter contact information on the second page.

Contact/Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web site: \_\_\_\_\_ E-mail: \_\_\_\_\_

Whom should we contact with questions about this form? (Not for print):  
 Name, Email and Phone: \_\_\_\_\_

**If you have problems submitting this form electronically, you can print it and fax it to 404-832-8260**

# 2008 Contractors Guide — Page 2

Company Name: \_\_\_\_\_



The following contacts will appear in the specified magazines as well as on REBusinessOnline.com.

Please indicate ONE regional contact to be listed in each publication.  
**Due to space constraints, only one contact/office can be listed per region.**  
All regional contacts will also be included on REBusinessOnline.com.



Contact/Title: \_\_\_\_\_  
Firm: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Web site: \_\_\_\_\_ E-mail: \_\_\_\_\_



Contact/Title: \_\_\_\_\_  
Firm: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Web site: \_\_\_\_\_ E-mail: \_\_\_\_\_



Contact/Title: \_\_\_\_\_  
Firm: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Web site: \_\_\_\_\_ E-mail: \_\_\_\_\_



Contact/Title: \_\_\_\_\_  
Firm: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Web site: \_\_\_\_\_ E-mail: \_\_\_\_\_



Contact/Title: \_\_\_\_\_  
Firm: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Web site: \_\_\_\_\_ E-mail: \_\_\_\_\_

If you have problems submitting this form electronically, you can print it and fax it to 404-832-8260