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Roofing

THE INDUSTRY'S VOICE

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- No

Name _____

Company _____

Title _____

Address _____

City _____

State _____ ZIP _____

Telephone (____) _____ Fax (____) _____

Email _____

Signature _____

Date _____

WHAT TYPE OF FIRM?

- Roofing contractor
- Architect/specifier/designer
- Roof consultant
- Facility manager/building owner
- Distributor
- Manufacturer
- Other _____

WHAT IS YOUR JOB FUNCTION? (CHECK ALL THAT APPLY.)

- Owner
- General manager
- Purchasing
- Architect/specifier
- Sales
- Installer
- Facility manager/building owner
- Other _____

TYPE OF BUSINESS ACTIVITY?

- Commercial
- Residential
- Both

HOW MANY EMPLOYEES IN YOUR FIRM?

- 1-10
- 11-20
- 21-30
- 31-50
- 51-100
- 101 or more

FIRM'S ANNUAL DOLLAR VOLUME?

- Less than \$1 million
- \$1-2 million
- \$2-4 million
- \$4 million plus