



Women's Initiative Roundtable Membership Application _____ Date Completed

Name: _____ Title: _____
 Company: _____
 Business Address _____
 City _____ State _____ Zip _____
 Phone: _____ Fax: _____
 Email: _____ Web Address: _____

Area of Interest (Preferences (rate 1, 2, 3) :

Senior Management Mid Level Sales Home-Based Entry Level Non profit

Area of Expertise:

Administrative	Financial	Human Resources	IT	Legal	Marketing/Sales	Medical	Other

Describe your company's products/services (please be specific)

Meeting Times Preferences (rate 1, 2, 3) Meeting Days Preferences (rate 1, 2, 3)

AM	Mid-Day	PM	Mon	Tues	Wed	Thurs	Fri	Sat

Have you participated in a Roundtable before? Yes No

List your top three expectations of a Peer-to-Peer Roundtable:

- _____
- _____
- _____

Special strengths and skills you bring to a Peer-to-Peer Roundtable:

Peer-to-Peer Roundtable Participation/Annual Fee: \$50. (Payment is due with application.)
Method of Payment: Make checks payable to the NKY Chamber and mail application and fee to Pam Mastruserio, Northern Kentucky Chamber of Commerce, 300 Buttermilk Pike, Suite 330, P.O. Box 17416, Ft. Mitchell, KY 41017. Credit cards also accepted. Complete below and fax to 859-578-8802.

Credit Card: American Express Master Card Visa _____
 Name on Card: _____ Credit Card Number: _____
 Signature: _____ Expiration Date: _____



Confidentiality Agreement

As a member of Northern Kentucky Chamber of Commerce's Women's Initiative Roundtable program, I agree to keep all table discussions confidential. I will not discuss the content from any of my table meetings, nor will I disclose the content of discussions relating to other Roundtable members of firms represented in the Roundtable program.

And, to maintain the integrity of the program, I agree to provide appropriate feedback to fellow Roundtable members and without bias for firms not represented in my particular table. Should a personal conflict with my table or table discussions arise, I agree to disclose this information to my table facilitator immediately. In the event the issue is with my table facilitator, I agree to disclose the information with the appointed Northern Kentucky Chamber of Commerce representative.

Signature of Roundtable Member

Date

Print Name

Name of Company

If you have any questions regarding the program, contact Pam Mastruserio, VP Special Events, Northern Kentucky Chamber of Commerce at pam@nkychamber.com or (859) 578-6384.

Return completed forms via email, fax or mail:

Attn: Pam Mastruserio

Northern Kentucky Chamber of Commerce

P.O. Box 17416

300 Buttermilk Pike, Suite 330

Ft. Mitchell, KY 41017

Fax: (859) 578-8802

Email: pam@nkychamber.com