State Electronics Challenge

Partner Registration Form

[] Yes! My orga	anization is ready to join the State Electronics Challenge.
PLEASE COMPLETE A	ALL SECTIONS.
Section A: Contact	ct Information
Organization:	
Type of organizatio	n: [] State agency/facility [] State college/university [] Regional government [] Local government [] Public utility [] School/school district [] Other
Salutation:	
Primary Contact Fir	st Name:
Primary Contact La	st Name:
Title:	
Department (if appl	icable):
Primary Function:	[] Purchasing [] Information Technology [] Property Management [] General Administration [] Environment [] Other
Address 1:	
Address 2:	
City:	
State:	
Zip:	
Phone:	

Fax:	
Email:	

Website:

Section B: State Electronics Challenge Pledge

Our organization pledges to participate in the State Electronics Challenge as a partner and understand that we can apply to receive recognition at the bronze, silver, or gold award level. We recognize that the ultimate goal of the challenge is to improve the management of electronic assets throughout the life cycle, including purchasing, operations and maintenance, and end-of-life management.

Which life-cycle phases is your organization interested in addressing? [] Purchasing [] Operation & Maintenance [] End-of-Life Management [] Don't Know		
What recognition level are you interested in applying for? [] Bronze [] Silver [] Gold [] Don't Know/None		
Total number of employees in your organization:		
Section C: How Did You Hear About the SEC?		
[] SEC Website		
[] State Agency		
[] Referral from another organization		
[] Publication/newsletter; please specify:[] Workshop/conference; please specify sponsor:		
[] Other; please specify:		

Within four weeks of submitting this registration form, please complete the Baseline & Annual Reporting Form.