

**American Marketing Association – Atlanta Chapter
2008 Mentoring Program
Mentor Sign up Form**

Please complete the form below expressing your interest in AMA Atlanta's Mentoring Program.

Name:	
Company Name:	
Title:	
Business Address:	
City/State/Zip	
Office Phone:	
Fax:	
Email Address:	
Home Address:	
City/State/Zip	

Educational Background:

- High School
- Associate Degree
- Bachelor Degree
- Masters Degree
- Doctorate

Brief Description of Current Work:

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Functional Work Area(s) Past and Present – Indicate Years of Experience:

Work Areas:	Years of Experience:
<input type="checkbox"/> - Consulting	
<input type="checkbox"/> - Business-to-Business Marketing	
<input type="checkbox"/> - Consumer Marketing	
<input type="checkbox"/> - Higher Education	
<input type="checkbox"/> - Marketing Management	
<input type="checkbox"/> - Marketing Research	
<input type="checkbox"/> - Marketing Strategy	
<input type="checkbox"/> - Marketing Communications/Branding	
<input type="checkbox"/> - Marketing Services	
<input type="checkbox"/> - Online/Interactive	
<input type="checkbox"/> - Product Marketing	
<input type="checkbox"/> - Product Management	
<input type="checkbox"/> - Public Relations	
<input type="checkbox"/> - Sales	
<input type="checkbox"/> - Sales Management	
<input type="checkbox"/> - Other	
Please Describe	

Industry Experience (e.g. technology, transportation, construction):

Previous Employers:

Hobbies/Interests:

Mentee Preferences (e.g. gender, job role):

Can we contact you in the future to provide additional mentoring services?

Yes No

Please email your completed form to dayconnie04@yahoo.com by **October 24, 2008**.