

HBWE

Business Profile Listing Selection Form

HBWE has my permission to list my e-mail and/or web site address on the HBWE web site.

Name _____ Business Name _____

Signature _____ Date _____

Please list this business e-mail address _____ and/or web site _____ under the following heading(s). I understand one listing is a free benefit of membership and listings under additional headings may be purchased for \$5.00 each.

Please check appropriate box(es):

- | | |
|---|--|
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Office Supplies and Equipment |
| <input type="checkbox"/> Business Opportunities/Network Marketing | <input type="checkbox"/> Marketing/Communications/Public Relations |
| <input type="checkbox"/> Business Consulting | <input type="checkbox"/> Organizing/Time Management |
| <input type="checkbox"/> Computer Products, Supplies and Service | <input type="checkbox"/> Promotional Products |
| <input type="checkbox"/> Fashion/Beauty Products/Image Consulting | <input type="checkbox"/> Retail Business |
| <input type="checkbox"/> Health and Wellness | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Interior Design/Decorating/FengShui | <input type="checkbox"/> Web Design/Maintenance |
| <input type="checkbox"/> Gifts | <input type="checkbox"/> Other _____ (add this heading) |

Form submission options: * (choose one)

1. Bring deliver completed form and payment (if required) to the Treasurer at the next meeting.
2. Mail completed form and payment (if required) to 11330 Olive Blvd.. Suite 106, St. Louis, MO 63141-7161

*Because a signature is required at the top of the form, e-mail returns are not acceptable.

- I have submitted _____ in cash _____ to cover _____ additional listings at \$5.00 each. (Please use this option only if you are attending a dinner meeting. Do not mail cash.)
- I have enclosed a check for _____ to cover _____ additional listings at \$5.00 each
- HBWE is authorized to charge \$ _____ to my charge card for _____ additional listings @\$5.00 each.

Name on Card _____ Signature _____

Credit Card # _____ Expiration Date _____

v-code (three digit code on signature panel on back of card) _____

Billing address zip code _____