

## PRISM Consortium Application

Name \_\_\_\_\_

Title \_\_\_\_\_

Reports to (name/title) \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Describe your responsibilities. Include information such as customer or supplier interface, P&L management, global operations, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Company Information:

Company Name \_\_\_\_\_

Main Address \_\_\_\_\_

Total Revenues \_\_\_\_\_ Total # Employees \_\_\_\_\_

Sector:  Government  Healthcare  Service  
 Manufacturing  Distribution  Education  
 Telecommunications  Technology  Utilities  
 Retail

Company experience with process:

\_\_\_\_\_

\_\_\_\_\_

Please describe why you are interested in applying for an invitation to PRISM. Current issues of interest for research, exploration, benchmarking, etc.

\_\_\_\_\_

\_\_\_\_\_

- I would like more information about PRISM benefits.
- I am interested in a full year membership.
- I am interested in a 1-day Observation Pass.
- I am interested in a 4-month trial membership.

Once completed, please submit this application to [PRISM@groupdenovo.com](mailto:PRISM@groupdenovo.com) or print out and fax to 317.759.5370 ext. 205. Thank you for your interest.