

307-2275 Lake Shore Blvd. W., Toronto, ON M8V 3Y3 • p: (800) 263-9648 ext. 243 • Email: partnership@excellence.ca

BASIC INFORMATION

Name of Organization*

(*Please print the name as you would like it to appear on all formal documents including partnership plaque.)

Designated Primary Representative ("Partner Contact")

Title

Address

City

Prov

Postal Code

Phone

Email

Website

CEO/President Name ("Partner President") *Note: Correspondence will be communicated through the Partner Contact.*

Actual Title

same as above or:

Address

City

Prov

Postal Code

Phone

Fax

Email

ORGANIZATIONAL INFORMATION

Sector:

Manufacturing

Service

Tourism

Education

Health Care

Other: _____

Government

Association/Not-for-Profit

Description of your organization - please provide a brief description:

(Note: The information below is for internal purposes and will be held confidential.)

Size:

1 to 49 full-time equivalent employees

50 to 249 full-time equivalent employees

250 or more full-time equivalent employees (Please provide actual number: _____)

Locations:

Please list major cities across Canada where your organization has offices and provide a regional contacts in each. This will help us plan invitations to regional Excellence Canada networking meetings. Note: all correspondence will be coordinated through the Partner Contact. *If you require additional space, please attach a separate sheet of paper.*

1.	City	Contact Name	Contact Email
2.	City	Contact Name	Contact Email
3.	City	Contact Name	Contact Email
4.	City	Contact Name	Contact Email
5.	City	Contact Name	Contact Email
6.	City	Contact Name	Contact Email

Partnership Categories and Annual Fee Schedule*:

**Please include GST/HST (if applicable to your organization). If you are not sure which taxes are applicable, contact partnership@excellence.ca.*

- Platinum Partner in Excellence (\$25,000 per year)
- Gold Partner in Excellence (\$15,000 per year)
- Silver Partner in Excellence (\$10,000 per year)
- Bronze Partner in Excellence (\$995 per year)

Communication:

Please indicate your language preference for correspondence and publications:

- English
- French

Payment & Application Processing:

Please indicate your method of payment:

- Payment enclosed (cheque or money order)
- Visa, MasterCard, or AMEX (call 416-251-7600 ext. 243 to process payment)
- Please invoice me
- Purchase order
- Direct Deposit (call 416-251-7600 ext. 243 to make arrangements)

How did you learn about Excellence Canada Partnership?

- Referred by Excellence Canada Partner*
- Web Search
- Excellence Canada Event (*Please specify event*): _____
- Publicity or Advertising (*Please specify*): _____
- Other: _____

**Note: If you were referred by an NQI Partner, please provide their contact information below so they can be rewarded through our Partner Referral Program.*

Company	Name	Title
Address	City/Prov	Postal Code
Phone	Email	

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