

SLEEING business consultant membership application form

Welcome to become a member of SLEEING! Please fill in the registration information accurately, and send to the slh@ sleeing.com, we will contact you as soon as possible.

Basic information

Company name: _____

Website: _____

Company address: _____

Postalcode: _____

Contact person: _____

Telephone: _____

Call: Mr Miss

MSN / QQ: _____

E-mail: _____

Fax: _____

Application category

Membership level: Project cooperation Brand agents Strategic alliance

Type of membership: R&D member Service member Marketing member Knowledge member

Notes: Details of application category, see "SLEEING business consultant membership recruitment letter"

Detailed information

Main business: _____

Last year turnover: _____

The number of employees: _____

The existing cooperative enterprises: _____

Assumption of cooperation: