

District 6950 R2R Business Directory Listing Information Submission

One company per entry, please. If you have or want multiple ads, please fill out multiple forms.

Any Question with a " * " is REQUIRED.

*01. Name of Rotarian: _____

*02. Member's Rotary Club: _____

*03. Name of Business: _____

*04. Category of Business:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Accountants | <input type="checkbox"/> Architecture | <input type="checkbox"/> Art – Artist | <input type="checkbox"/> Art – Designer |
| <input type="checkbox"/> Art – Photographer | <input type="checkbox"/> Attorneys | <input type="checkbox"/> Automotive | <input type="checkbox"/> Computers – IT Field |
| <input type="checkbox"/> Programmer | <input type="checkbox"/> Construction | <input type="checkbox"/> Editors | <input type="checkbox"/> Education |
| <input type="checkbox"/> Govt – Municipal | <input type="checkbox"/> Govt – National | <input type="checkbox"/> Govt – Postal Svc | <input type="checkbox"/> Govt – State |
| <input type="checkbox"/> Health & Beauty | <input type="checkbox"/> Insurance | <input type="checkbox"/> Judge | <input type="checkbox"/> Mortgage |
| <input type="checkbox"/> Non-For-Profit | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Religious | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Titles | <input type="checkbox"/> Travel | <input type="checkbox"/> Other _____ | |

FOOD

- | | | |
|-----------------------------------|-------------------------------|---------------------------------------|
| <input type="checkbox"/> Caterers | <input type="checkbox"/> Chef | <input type="checkbox"/> Restaurateur |
|-----------------------------------|-------------------------------|---------------------------------------|

MEDICAL

- | | | | |
|---------------------------------------|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Dental | <input type="checkbox"/> Optometrist | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Therapist/Psychologist | | |

PRODUCTS

- | | | | |
|--|---|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Antiques/Collectibles | <input type="checkbox"/> Flooring Sales | <input type="checkbox"/> Jewelry | <input type="checkbox"/> Other _____ |
|--|---|----------------------------------|--------------------------------------|

SERVICES

- | | | | |
|---|------------------------------------|--|--|
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Bank | <input type="checkbox"/> Carpet Cleaners | <input type="checkbox"/> Community |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Counselor | <input type="checkbox"/> Creative | <input type="checkbox"/> Electrician |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Florist | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Investment Broker |
| <input type="checkbox"/> Landscaper | <input type="checkbox"/> Movers | <input type="checkbox"/> Plumber | <input type="checkbox"/> Printing |
| <input type="checkbox"/> Promotional | <input type="checkbox"/> Seniors | | |
| <input type="checkbox"/> Other _____ | | | |

*05. Contact Name at Business: _____

*06. Business Street Address: _____

*07. Business City: _____

*08. Business State: _____

*09. Business Zip Code: _____

*10. Business Phone Number: _____

11. Home Phone: _____

12. Cell Phone: _____

13. Business Fax Number: _____

14. Business Email Address: _____

15. Business Website: _____

*16: Business Description: (PLEASE NOTE: Please proof what you write, this text WILL NOT BE EDITED.

What you type will be exactly what will be published. Be Careful! This description is limited to 320 characters (including spaces) and is mandatory!
