



NVCA Member Recommended Service Provider Form

Firm Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Firm Internet Address: _____

Firm Description: Please provide as an attachment (word doc preferred) a firm description that is no more than 300 words.

Firm Type:

- Law Firm Accounting Firm Investment Banking Firm
 Executive Recruiting Firm Other (please specify) _____

Key Contacts

Contact #1: _____ **email:** _____

Contact #2: _____ **email:** _____

Additional Office Locations (please include only city and state): _____

Two NVCA Members Familiar With Your Firm's Services

Please include firm name along with an individual and their contact information (phone and email)

NVCA Member #1: _____

NVCA Member #2: _____

Person to contact with questions regarding this form:

Name: _____ **Phone:** _____ **Email:** _____

Payment:

The fee to be listed as a member recommended service provider is: \$2350 for one year, which includes contact information for main office, list of additional locations (city and state/country), two key contacts and their email addresses and a 300 word description. NVCA can offer a premium placement option for \$3500 for one year. The premium placement option offers a prime location (above the firms in your category who purchased the regular placement option) and your logo next to your firm's listing hyper-linked back to your website. Completed forms should be sent to Hannah Veith at hveith@nvca.org or mailed to the address below.

Payment (please have all checks made payable to the NVCA) should be sent to: (please include a copy of this form along with your payment):

National Venture Capital Association
1655 N. Ft. Myer Dr., Ste. 850
Arlington, VA 22209
T: 703-524-2549 F: 703-524-3940