



## Organization Information

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website URL \_\_\_\_\_

## Primary Cloud Advisory Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

Contact Address \_\_\_\_\_  
(If different from address above)

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

## Technical Cloud Advisory Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

Contact Address \_\_\_\_\_  
(If different from address above)

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

Please send completed applications and organization logo (eps and jpg) to [info@cloudadvisorycouncil.com](mailto:info@cloudadvisorycouncil.com)

Questions or comments can be directed to the Cloud Council Chair at [info@cloudadvisorycouncil.com](mailto:info@cloudadvisorycouncil.com)