



**PR Agency & Independent Practitioner
CLIENT REFERRAL DIRECTORY
Participation Form**

Payment Deadline: December 1, 2009

Please Print or Type Listing Info Select One: Agency Independent Practitioner

Contact Name _____ Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____ Web site _____

Optional: # of Employees _____ Year Founded _____ Member name if different than above _____

Specialties

- | | |
|--|--|
| <input type="checkbox"/> Agency Review Mgt. | <input type="checkbox"/> Investor Relations |
| <input type="checkbox"/> Annual Reports | <input type="checkbox"/> Media Relations |
| <input type="checkbox"/> Business-to-Business | <input type="checkbox"/> Media/Speech Training |
| <input type="checkbox"/> Community Relations | <input type="checkbox"/> Newsletters |
| <input type="checkbox"/> Copywriting | <input type="checkbox"/> Political Campaign Mgt. |
| <input type="checkbox"/> Corporate | <input type="checkbox"/> Press Materials |
| <input type="checkbox"/> Crisis Management | <input type="checkbox"/> Product Publicity |
| <input type="checkbox"/> Ethnic Public Relations | <input type="checkbox"/> Program Evaluation/Audits |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Public Affairs |
| <input type="checkbox"/> Black | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Strategic Mktg/Planning |
| <input type="checkbox"/> Government Relations | <input type="checkbox"/> Technical Writing |
| <input type="checkbox"/> Internet/Social Media | <input type="checkbox"/> Other _____ |

Types of Clients

- | | |
|---|---|
| <input type="checkbox"/> Arts/Culture | <input type="checkbox"/> Foodservice |
| <input type="checkbox"/> Assn./Non Profit | <input type="checkbox"/> Government |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Beauty/Fashion | <input type="checkbox"/> Hi Tech |
| <input type="checkbox"/> BioTech | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Business-to-Business | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Consumer Products | <input type="checkbox"/> Professions |
| <input type="checkbox"/> Corporate | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Education | <input type="checkbox"/> Restaurants |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Financial Inst. | <input type="checkbox"/> Travel/Tourism |
| <input type="checkbox"/> Food | <input type="checkbox"/> Other: _____ |

**If three or more similar listings are submitted under "Other," a new category may be created.*

2 NEW FEATURES ADDED: Enhance your basic listing (which includes all info shown above) by adding your company logo and/or a descriptive paragraph about your services. These new features are available for an additional \$25 each!

COST: Basic Listing \$85 _____ Add Logo for \$25 _____ (optional) Add Description for \$25 _____ (optional)

TOTAL PAYMENT: \$ _____ **PAID BY:** Check _____ or credit card # _____ exp. _____

OPTIONAL ADD-ON SPECIFICATIONS:

LOGO: Send your logo to prsala@aol.com by December 1, as a .jpeg file, no larger than 150 px wide or 150 px tall. Logos must meet these specific requirements to be posted.

DESCRIPTIVE PARAGRAPH: Attach your descriptive paragraph to this Participation Form - Maximum 150 words.

Complete and return form and payment BY DECEMBER 1, 2009 to:
 PRSA-LA, 11271 Ventura Blvd. #514, Studio City CA 91604, 818/761-5575
 or pay by credit card via fax to 818/761-5009