



**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](mailto: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