



Event X

Location, Date

Please complete below or attach business card for contact details.

Date: _____ Name of Sales Rep: _____

☐ Miss ☐ Mrs. ☐ Ms. ☐ Mr. ☐ Dr. Last Name: _____

First Name: _____ Job Title: _____

Phone: + _____ (0) _____ eMail: _____

Company: _____

Address: _____

City: _____ Postal Code: _____

Country: _____

1. Status: ☐ Consultant/Contractor ☐ Distributor ☐ End User ☐ ISP/SP/ASP ☐ Integrator ☐ Networking Academy
☐ OEM ☐ Partner ☐ Reseller ☐ Training Partner ☐ None ☐ Other: _____

2. What is your current area of interest? / What topics would you like to get more information on?

Next Action

	Interest	Send info
Solution 1	<input type="checkbox"/>	<input type="checkbox"/>
Comment _____		
Solution 2	<input type="checkbox"/>	<input type="checkbox"/>
Comment _____		
Solution 3	<input type="checkbox"/>	<input type="checkbox"/>
Comment _____		
Solution 4	<input type="checkbox"/>	<input type="checkbox"/>
Comment _____		
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

3. What is your company's industry?

- | | |
|---|---|
| <input type="checkbox"/> Education | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Utilities & Energy | <input type="checkbox"/> Logistics & Distribution |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Travel & Tourism |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Business & Professional Services |
| <input type="checkbox"/> Insurance & Financial Services | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> IT | <input type="checkbox"/> Government - Central |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Government - Local |
| <input type="checkbox"/> Service Provider | <input type="checkbox"/> Other: _____ |

6. Do you have a preferred partner?

- ☐ yes: _____ ☐ no

7. Do you have a timeframe for purchasing new solutions?

- ☐ 0-3 months ☐ 4-6 months ☐ 7-12 months
☐ over 12 months ☐ unknown ☐ no plans to purchase

8. Do you have a budget available?

- ☐ yes, budget amount: _____ ☐ no

4. How many employees are in your company?

- ☐ 1-4 ☐ 5-19 ☐ 20-49 ☐ 50-99 ☐ 100-249
☐ 250-499 ☐ 500-999 ☐ 1,000-4,999 ☐ 5,000-9,999 ☐ 10,000+

5. How many sites / offices does your company have in your country?

- ☐ 1-4 ☐ 5-9 ☐ 10-20 ☐ >20

Notes:

Assign to: ☐ Sales: _____ ☐ Telemarketing qualification

☐ Yes, I would like to receive further information from Cisco per email (Opt-In)