



DAVID EVANS  
AND ASSOCIATES INC.

### Consultant Opportunities:

Please print, fill out this form and send it along with your marketing information and a standard form 254 (if you have one). After we receive your information, we will follow-up with a phone call so that we can better understand how your firm and DEA can work together.

Date: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip, Country: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Marketing Contact: \_\_\_\_\_

Primary Service: \_\_\_\_\_ Secondary Services: \_\_\_\_\_

Primary Specialty: \_\_\_\_\_ Secondary Specialties: \_\_\_\_\_

### Business Status:

Small Business

Small Disadvantaged Business

Woman-Owned Business

Large Business

8(a) Business

HUBZone Business

Number of Employees: \_\_\_\_\_ Headquarters office location: \_\_\_\_\_

Other office locations: \_\_\_\_\_

*Please print this form and send it along with your marketing material to the Small Business liaison in your state.*