

2018 ICUF Preferred Vendor Application

Independent Colleges and Universities of Florida (ICUF)

ICUF is a diverse association of 30 private, not-for-profit, educational institutions, all based in Florida. We serve more than 156,000 students, at 140 campuses in Florida. Our enrollments represent one-third of the students attending 4 year, SACS accredited institutions in Florida.

Join our **Preferred Vendor Program** to promote your involvement with our multiple campuses (by offering your unique services and products) and to develop mutually beneficial partnerships and opportunities (by supporting and working) with our Florida private colleges and universities.

1) COMPANY INFORMATION:

Name of Company

Mailing Address

Website

2) DESCRIPTION OF COMPANY AND CONTACT(S) - (to be displayed on our website):

Description of Company

(50 words or less, including products or services provided. The description may also include: number of higher education clients served by Affiliate; number of employees; length of time in business; and area(s) of specialty.)

Contact Information

(Complete the following information **for up to two people** you wish to be listed as contacts in our Association Directory on our website: **Additional contacts beyond the first two may be listed at a cost of \$50 each; add a page with same information.**

Primary Organizational Contact

Name (Select One - Dr. /Mr./ Mrs./ Ms./ Miss)

Title

Complete Address

(If different than address in 1):

Phone

Fax

E-mail

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Other Organizational Contact

Name (Select One - Dr. /Mr./ Mrs./ Ms./ Miss)

Title

Complete Address

(If different than address in 1):

Phone

Fax

E-mail

3) **ICUF SCHOOL AFFILIATION:** Which ICUF school(s) are you doing business with currently, or if previously, give year and contact at the school.

3) **SCHOOL CONNECTION:** Who or which office on campus are you most interested in being linked to for your business model?

4) **SUBMIT THE APPLICATION AND FEE:**

Email the Application to tantworth@icuf.org, or Fax to (850) 681-0057

Mail Check (Corporate Affiliate Minimum = **\$750**; Payable to "ICUF") to:

ICUF
542 East Park Avenue
Tallahassee, FL 32301

5) _____
Applicant Signature

Application Date

