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 educational sites with more than 600 on-line programs 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 campuses (by offering your 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 Address

2) DESCRIPTION OF COMPANY AND CONTACT(S) - (to be displayed on our website):
   (50 words or less, including products or services provided. The description may also include: number of higher education clients served; number of employees; length of time in business; and area(s) of specialty.)

3) Contact Information:
   (Complete the following information for up to two people you wish to be listed as contacts in our Preferred Vendor Directory on our website: Additional contacts 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 ____________________________
Second Organizational Contact

Name (Select One - Dr. / Mr. / Mrs. / Ms. / Miss) ________________________________
Title ________________________________
Complete Address (If different than address in 1): ________________________________
Phone ________________________________
Fax __________________________________________
E-mail __________________________________________

4) ICUF SCHOOL AFFILIATION:
(List which ICUF institution(s) are you doing business with currently, or if previously, give a year and contact at the school.)

________________________________________________________________________

________________________________________________________________________

5) SCHOOL CONNECTION:
(List who or which office on campus are you most interested in being linked to for your business model.)

________________________________________________________________________

________________________________________________________________________

6) SUBMIT THE APPLICATION AND $1,250 FEE:

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

Payment: Check- (Payable to "ICUF") mail to:
ICUF
542 East Park Avenue
Tallahassee, FL 32301

Applicant Signature ____________________________ Application Date ____________________________