



SPEC GSA DEALER PROJECT REGISTRATION FORM

Date: _____

GSA Dealer: _____

Salesperson: _____

Contact Information: _____

A&D Firm: _____

Designer: _____

Project Name: _____

Project Location: _____

Agency: _____

Contact at Agency: _____

Contacts Phone #: _____

Project Information:

Product: _____ Number of Units: _____

Anticipated Order Date: _____

Anticipated Net Value: _____

Dealer "Packaged" Project? Yes _____ No _____

Please forward this registration form to your local Spec Sales Representative prior to GSA Order, and with your GSA Order