



Partner Profile

Organization Name: _____

Nature of Business: Owner Architect Engineer
 Contractor Subcontractor Other _____

Specialty: _____

Name: _____ Title: _____

Years with Organization: _____ Years In Industry: _____

Professional Certifications and Credentials: _____

Email: _____ Phone Number: _____

How do you influence your organization?

How are you advancing your organization's project collaboration methodology?

What outcomes do you hope to achieve through partnership in Cogence?

What project risks does your organization face?

Sponsor: _____

Willing to Serve on a Committee: Yes No

Can we share your contact information with other Cogence Alliance partners: Yes No

Please return completed profile to admin@cocgence.org.

