



Parallax Authorized Consultants Program Application

1. CONTACT INFO

Consultant Name: _____

Company Name: _____

State: _____ Country: _____

Phone Number: _____ Post on Web? _____

Website: _____ Post on Web? _____

Email address: _____ Post on Web? _____

2. BRIEF BIO

Please provide a brief biography about yourself.

3. CONSULTING DETAILS

Number of years in business as a consultant:

Special Skills or Languages Spoken:

Microcontroller(s) of Expertise:

Types of Projects Preferred:

4. REFERENCES

Please provide the Name and Email Address of at least two of previous clients. We will send them an anonymous survey asking them about their experiences with your work.

Client Name: _____

Client Phone: _____

Client Email: _____

Client Name: _____

Client Phone: _____

Client Email: _____

5. SIGNATURE

I certify that the above information is complete and correct.

Name (Please Print): _____ Date: _____

Signature: _____