*Small Business Development Office*
Capabilities Pre-meeting Questionnaire
*NOTE: Please DO NOT include PROPRIETARY information anywhere on this questionnaire. Return the form to:* *sbdo@ucsd.edu*

Date: Click here to enter a date.

Company Name:

Website:

Presentation Type: [ ]  Products [ ]  Services [ ]  Other:

Are you currently a supplier to UCSD? [ ]  Yes [ ]  No

Is this company U.S. owned? [ ]  Yes [ ]  No

What is the primary product and or service NAICS code?
<http://www.census.gov/eos/www/naics/>

Business description:


How did you learn about UCSD?

Contact/ Information:

Name:       Phone:       Email:

How many persons will be attending the meeting?

**Please provide the following if available** (pdf preferred, but will accept paper copies.):

* Certifications
* Line Card

------------------------------------------------------------OFFICE USE ONLY-------------------------------------------------------
Capability Meeting Scheduled for *(Add this event to the Outlook calendar)*:

Date:       Time:       Location/Rm:
Scheduled by: