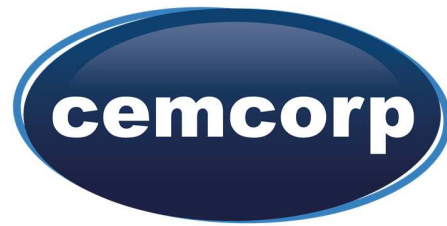


# Consulting Needs Assessment



FAX or Email completed form  
F: 905-566-7228 / E: cemcorp@cemcorp.com

## Contact Information

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Toll free Tel.: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Website: http:// \_\_\_\_\_

## WHAT INDUSTRY SECTOR ARE YOU CURRENTLY OPERATING IN?

Brewery/Distillery \_\_\_\_\_ Food Processing \_\_\_\_\_ Pharmaceuticals \_\_\_\_\_

Fuels/Chemicals \_\_\_\_\_ Cement/Aggregates \_\_\_\_\_ Energy Efficiency/Co-Generation \_\_\_\_\_

Other (*please specify*): \_\_\_\_\_

## SELECT YOUR ENGINEERING SERVICE(S):

Project/Construction Mgmt. \_\_\_\_\_ Civil/Structural \_\_\_\_\_ Mechanical/Piping \_\_\_\_\_

Electrical/Instrumentation \_\_\_\_\_ PSR/Health & Safety \_\_\_\_\_ P. Eng. Review \_\_\_\_\_

CRN/MDR \_\_\_\_\_ Training/Development \_\_\_\_\_

[www.cemcorp.com](http://www.cemcorp.com)



# Consulting Needs Assessment



## OTHER SERVICES / PRODUCTS:

Acme Drawings \_\_\_\_\_ Port Hole Pyrex Lenses \_\_\_\_\_ CAD Services \_\_\_\_\_

Control Systems \_\_\_\_\_

Please provide a brief description of what your engineering requirements are:

---

---

---

What is the project time frame? \_\_\_\_\_

Where is the project located? (City/Province/State/Country) \_\_\_\_\_

Has the Project been approved? Yes / No

Any additional information, questions, or comments, *please specify below.*

---

---

---

---

---

**FAX or Email completed form**  
**F: 905-566-7228 / E: cemcorp@cemcorp.com**

[www.cemcorp.com](http://www.cemcorp.com)

