



Shadow Day Request Form

Contact Information

Name	
Company	
Street Address	
City ST ZIP Code	
Work Phone	
E-Mail Address	
GBMP Membership Status	(circle one) Active Need to sign up/Send invoice

Topics

Please list the three topics/countermeasures/workshops you are most interested in shadowing (for example, Intro to Lean, or Quick Changeover).

1.	
2.	
3.	

Preferences

Please tell us your 1st & 2nd preferences with regards to the following (we will do our best to match all of your choices, but in the event we cannot, we will advise you of which preferences we can accommodate); if you have no preference simply put *No Preference*:

GBMP CI Manager

1.	
2.	

Industry/Facility Type (for example Healthcare or Job Shop)

1.	
2.	

Our Policy

Thank you for completing this request form. We will be in touch within 3-5 business days of receipt of the request.

If you have additional preferences (such as day of the week or geography, you may include them here, but we cannot guarantee that we can find a match for all of your preferences, though we will try our best):

To remit form:

Email it to LGlikes@gbmp.org or mail it to: *Lela Glikes, GBMP Inc. 60 Austin Street #102, Newton MA 02460*