# Shadow Day Request Form

## Contact Information
<table>
<thead>
<tr>
<th>Name</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Company</td>
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</tr>
<tr>
<td>Street Address</td>
<td></td>
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<tr>
<td>City ST ZIP Code</td>
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<tr>
<td>Work Phone</td>
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<tr>
<td>E-Mail Address</td>
<td></td>
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<tr>
<td>GBMP Membership Status</td>
<td>(circle one)</td>
</tr>
</tbody>
</table>

## 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](mailto:LGlikes@gbmp.org) or mail it to: Lela Glikes, GBMP Inc. 60 Austin Street #102, Newton MA 02460