



enrollment form

Please provide all the information below.

** indicates required field*

*Company Name

*Company Shipping Address (no P.O. Boxes)

*City

*State

*Zip

*Contact Person

Title and Department

*Phone Number (xxx) xxx-xxxx

*Extension

*E-mail Address

*Number of Employees or Members

By providing the above information, your company or organization authorizes Bob's Stores to contact and/or send you correspondence and information about the Bob's Stores ABC program.

Industry/Type of Business (please check one):

- Construction Financial / Education / Government Offices (national, state, local) Service / Food / Casino
- Technology Utility / Transportation / Mail / Phone Healthcare Manufacturing
- Non-Profit Retail Other: _____

How would you like to receive your Bob's Stores ABC invitations? (please check one):

***Printed Invitations:** These will be mailed to your attention 3 weeks prior to the start of the shopping event. Number of invitations will be based on number of employees or members.

***E-mail Invitation:** These will be sent to the e-mail address you specified 1 week prior to the start of the shopping event. You can then forward to your employees or members.

[Click here to submit this form to abc@bobstores.com](mailto:abc@bobstores.com)

If you are having problems submitting this form, you may print this form and mail or fax to:

Bob's Stores
ATTN: ABC Program/Marketing Dept.
160 Corporate Court
Meriden, CT 06450
Fax: (203)630-3856

Questions or Comments?

Contact us at
203-235-5775, ext 449, or
abc@bobstores.com