**ABATE REPRESENTATIVE INFORMATION**

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| --- | --- |
| **Company Name:** |  |

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| **ABATE Representative:** |  |
| **Title:** |  |
| **Address:** |  |
| **Email Address:** |  |
| **Primary Telephone Number:** |  |
| **Cell Number:** |  |

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| --- | --- |
| **Alternative ABATE Representative:** |  |
| **Title:** |  |
| **Address:** |  |
| **Email Address:** |  |
| **Primary Telephone Number:** |  |
| **Cell Number:** |  |

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| --- | --- |
| **Alternative ABATE Representative:** |  |
| **Title:** |  |
| **Address:** |  |
| **Email Address:** |  |
| **Primary Telephone Number:** |  |
| **Cell Number:** |  |

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| --- | --- |
| **Alternative ABATE Representative:** |  |
| **Title:** |  |
| **Address:** |  |
| **Email Address:** |  |
| **Primary Telephone Number:** |  |
| **Cell Number:** |  |

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| --- | --- |
| **Billing Contact Name and Address:****(if different from above)** |  |

When completed, return to:

Rod Williamson: rwilliamson@clarkhill.com and

Lauren McPartlin: lmcpartlin@clarkhill.com