



Partner Registration Form

Section I: Facility Information

Organization Name: _____

Principle Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____ Email: _____

Industry Sector, or Type of Government: _____

Check if a: Subsidiary or Division. Name of Parent Company (if applicable): _____

Facilities to be Included in Initial Waste Reduction Efforts: _____ Approximate Number of Employees at These Facilities: _____

Section II: How You Heard About WasteWise

Referral from Another Company, Government, or Institution (Name): _____

Periodical/Publication (Name): _____ Workshop/Conference (Sponsor): _____

WasteWise Web Site Direct Mail from WasteWise

Other EPA Program PSA/Advertisement

Trade Association Other (Specify): _____

Section III: Waste Reduction Priorities

Please indicate which waste reduction activities are of most interest to your organization.

Waste Prevention Activities

Office Supplies/Paper

- Use reusable supplies
- Duplex copy/print
- Distribute materials electronically
- Other _____

Packaging Materials

- Eliminate packaging
- Purchase items in bulk
- Work with vendors to decrease packaging
- Other _____

Recycling Activities

- Collect a new material for recycling:
(Material: _____)
- Collect more of the same material:
(Material: _____)
- Reduce contamination of recyclables
- Improve signage/employee education about recycling
- Other _____

Food/Yard Waste

- Implement a donation program
- Use leftover food for animal feed
- Compost
- Other _____

Electronics

- Refurbish/upgrade existing equipment
- Donate reusable equipment
- Participate in a computer leasing program
- Other _____

Buy-Recycled/Manufacture-Recycled Activities

- Purchase a new product made from recycled content:
(Product: _____)
- Increase recycled content of a product already purchased:
(Product: _____)
- Increase spending on recycled content products
- Increase recycled-content of product you manufacture:
(Product: _____)
- Other _____

Registration Submission Approval

Name of Senior Official (print): _____ Signature: _____

Title: _____ Date: _____

Please fax to WasteWise c/o ICF International at (703)934-3183 or email to: <WasteWise@icfi.com >

OMB Control No. 2050-0139
Approval expires July 31, 2007

The public reporting and recordkeeping burden for this collection of information is estimated to average 1 hour per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.