**International Franchise Association**

**Philadelphia Chapter of the**

**Women’s Franchise Network Member Information Form**

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**Contact Information:**

Name/Title:

Organization Name:

Address/City/St/Zip

Phone: Email:

International Franchise Association Member? □ Yes □ No

IFA Certified Franchise Executive? □ Yes □ No □ Applying

□ Franchisor □ Franchisee □ Supplier □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Industry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any topics you would like addressed at Philadelphia WFN programs?

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Are you interested in speaking on a topic? Please provide a description of the topic.

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Are you interested in hosting/providing a venue for an event?

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If you have any questions, please contact:

***Chair: Eleanor Vaida Gerhards, Partner and Co-Chair of Franchise Licensing and Distribution Practice Group at Fox Rothschild LLP – 215-918-3642 or*** [***egerhards@foxrothschild.com***](mailto:egerhards@foxrothschild.com)***.***