



Peer-to-Peer Application

Please submit your completed form to Alexandra Mann via fax at **416-695-1950** or at **amann@cfa.ca**



DATE: _____ (MM/DD/YYYY)

Peer Contact Information:

First Name: _____ Last Name: _____

Title: _____ Company: _____

Address: _____

City: _____ Prov/State: _____ Postal/Zip Code: _____

Phone: _____ Email: _____

In business since: _____ **CFA Member since:** _____

I would like to speak to a Peer about the following topics:

- Maximizing my CFA benefits
- Networking
- Building my profile
- Best practices in Franchising
- How to maximize sponsorship opportunities
- Benefits of speaking opportunities
- Building relationships with franchisors
- Other:

Please provide further details (if required):

What are you hoping to learn from your Peer?

What region is your business in?

- AB BC MB NB NL NS NT NU ON PE QC SK YT
- All of Canada INT US

How would you prefer to meet with your Peer? Please check all that apply.

- Via phone Via Face time or Skype Via text In person

What Supplier category is your business?

- | | |
|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Computer/Software/Internet |
| <input type="checkbox"/> Franchise Consulting Services | <input type="checkbox"/> Payroll/HR Services |
| <input type="checkbox"/> Advertising/Graphics | <input type="checkbox"/> Digital Marketing/Website Development |
| <input type="checkbox"/> Franchise Development | <input type="checkbox"/> Printing/Publishing |
| <input type="checkbox"/> Alternative Dispute Resolution | <input type="checkbox"/> Education/Training/Coaching |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Events & Conferences/Facilities |
| <input type="checkbox"/> Banks/Financial Services | <input type="checkbox"/> Restaurant Design/Supplies/Services |
| <input type="checkbox"/> Business Aids & Services | <input type="checkbox"/> Executive Search |
| <input type="checkbox"/> Law | <input type="checkbox"/> Other _____ |

Evaluation and Reporting: We will ask the Peer to complete a brief survey about his/her experience in CFA’s Peer-to-Peer program at the six month point and the conclusion of the term. This information will be used to help CFA further develop the Program on an ongoing basis and will help CFA to identify any additional areas of opportunity for CFA members.

I, _____, (in my personal capacity and on behalf of my Company as named above, and its directors, officers and employees): 1. acknowledge and agree that all aspects of the Peer-to-Peer relationship, apart from the initial introduction made by CFA, are solely within the control of the Peer Guide and/or the Peer; 2. hereby waive any and all claims I and the foregoing parties may have against the CFA, its directors or members, including, but not limited to, any claims relating to disclosure of and/or reliance on any confidential information of the Peer Guide and/or the Peer; 3. acknowledge that CFA reserves the right at any time to a) if CFA deems necessary, reassign the Peer Guide/Peer to other persons at any point during the term; and/or b) modify or discontinue the Program for any reason by notifying the participants in writing; and 4. acknowledge that CFA assumes no liability for so modifying or terminating the Program or in relation to CFA’s administering of the Program.

SIGNED: _____ DATED: _____