Georgia Association for Gifted Children
An affiliate of the National Association for Gifted Children

REQUEST FOR ENDORSEMENT FORM
Submit to: mailto:executiveboard@gagc.org

Organization or Company: _______________________________________________________

Contact’s Name: _______________________________________________________________

Contact’s Title or Position: _______________________________________________________

Email Address: _________________________________________________________________

Website: ______________________________________________________________________

Phone: _______________________________________________________________________

Mailing Address: _______________________________________________________________

Street   City            State  Zip

1) Describe the Program, Product, Service, and/or Company for which you are seeking endorsement:

2) Describe the rationale for obtaining GAGC’s endorsement.

3) Describe specifically what is expected from GAGC and what GAGC can expect in return for this endorsement? How will GAGC’s endorsement be leveraged?

Note: Additional information may be requested to confirm the quality and standing of the program, product, service, or company requesting the endorsement.