

**Space Cluster Supply Chain Audit**

**Contact Details**

|  |  |
| --- | --- |
| Company Name: | Click or tap here to enter text. |
|  |  |
| Company Address: | Click or tap here to enter text. |
|  |  |
|  | Click or tap here to enter text. |
|  |  |
|  | Click or tap here to enter text. |
|  |  |
| Town: | Click or tap here to enter text. |
|  |  |
| County: | Click or tap here to enter text. |
|  |  |
| Postcode: | Click or tap here to enter text. |
|  |  |
| Company Telephone: | Click or tap here to enter text. |
|  |  |
| Company Email: | Click or tap here to enter text. |
|  |  |
| Website: | Click or tap here to enter text. |
|  |  |
| Primary Contact Name: | Click or tap here to enter text. |
|  |  |
| Phone: | Click or tap here to enter text. |
|  |  |
| Email: | Click or tap here to enter text. |

**Company Details**

|  |
| --- |
| Company Statement/Description of Company: |
| Click or tap here to enter text. |
|  |
| Details of products and/or services provided: |
| Click or tap here to enter text. |
|  |
| Key Capabilities: |
| Click or tap here to enter text. |
|  |
| Accreditations: |
| Click or tap here to enter text. |

**Venue Hire**

|  |
| --- |
| Facilities Available: |
| Click or tap here to enter text. |
|  |
| Key Features: |
| Click or tap here to enter text. |

**Accommodation**

|  |
| --- |
| Number / Type of Bedrooms: |
| Click or tap here to enter text. |
|  |
| Facilities Available: |
| Click or tap here to enter text. |
|  |
| Key Features: |
| Click or tap here to enter text. |
|  |
| Self-Catering available |
|  |
| Self-Catering Accommodation Details: |
| Click or tap here to enter text. |

I have attached the company logo.

I consent to be contacted by Caithness Chamber / Jacobs for the purpose of participating in the Space Cluster Supply Chain Audit.

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
|  |  |
| Signature: |  |
|  |  |
| Date: | Click or tap here to enter text. |