



2019 FAMA/FEMSA GAC Employment Survey

Thank you for participating in our survey. As reminder, the purpose of this survey is to capture company demographic data, including employee counts and business locations, which will be used to update the map that illustrates the size and distribution of our industry across the US and Canada. The map we create with this information is one of the most informative and forceful handouts to Congressional offices during Hill Day and throughout the year. In one visual, it powerfully illustrates the broad scope of our industry and its total contribution to jobs within each state/province and the economy. It will be extremely important to provide this updated map to the new 116th Congress during 2019 Hill Day as new Congressional members and leadership take the helm.

* 1. What is your company name?

* 2. Person completing this form:

* 3. What is your contact telephone?

* 4. What is your email address?

5. Job title:



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* 6. Is there a designated person within your company who is responsible for governmental affairs matters?

- Yes
- No

7. If so, who?

| | |
|------------------------|----------------------|
| Name | <input type="text"/> |
| Company | <input type="text"/> |
| Address 1 | <input type="text"/> |
| Address 2 | <input type="text"/> |
| City/Town | <input type="text"/> |
| State/Province | <input type="text"/> |
| Zip/Postal Code | <input type="text"/> |
| Country | <input type="text"/> |
| Email Address | <input type="text"/> |

* 8. Is there anyone else within your company who should receive GAC communications?

- Yes
- No

9. If so, who?

Name

Company

Address 1

Address 2

City/Town

State/Province

Zip/Postal Code

Country

Email Address

10. If so, who?

Name

Company

Address 1

Address 2

City/Town

State/Province

Zip/Postal Code

Country

Email Address

11. If so, who?

| | |
|------------------------|----------------------|
| Name | <input type="text"/> |
| Company | <input type="text"/> |
| Address 1 | <input type="text"/> |
| Address 2 | <input type="text"/> |
| City/Town | <input type="text"/> |
| State/Province | <input type="text"/> |
| Zip/Postal Code | <input type="text"/> |
| Country | <input type="text"/> |
| Email Address | <input type="text"/> |

* 12. Company headquarters street address

* 13. City

* 14. State

* 15. Zip Code + 4

* 16. Number of employees at that location:

17. Additional manufacturing or sales facility:

| | |
|---|----------------------|
| Name | <input type="text"/> |
| Street Address | <input type="text"/> |
| City | <input type="text"/> |
| State | <input type="text"/> |
| Zip Code +4 | <input type="text"/> |
| Number of employees at this location | <input type="text"/> |

18. Additional manufacturing or sales facility:

| | |
|---|----------------------|
| Name | <input type="text"/> |
| Street Address | <input type="text"/> |
| City | <input type="text"/> |
| State | <input type="text"/> |
| Zip Code +4 | <input type="text"/> |
| Number of employees at this location | <input type="text"/> |

19. Additional manufacturing or sales facility:

| | |
|---|----------------------|
| Name | <input type="text"/> |
| Street Address | <input type="text"/> |
| City | <input type="text"/> |
| State | <input type="text"/> |
| Zip Code +4 | <input type="text"/> |
| Number of employees at this location | <input type="text"/> |

20. Additional manufacturing or sales facility:

| | |
|---|----------------------|
| Name | <input type="text"/> |
| Street Address | <input type="text"/> |
| City | <input type="text"/> |
| State | <input type="text"/> |
| Zip Code +4 | <input type="text"/> |
| Number of employees at this location | <input type="text"/> |

21. Additional manufacturing or sales facility:

| | |
|---|----------------------|
| Name | <input type="text"/> |
| Street Address | <input type="text"/> |
| City | <input type="text"/> |
| State | <input type="text"/> |
| Zip Code +4 | <input type="text"/> |
| Number of employees at this location | <input type="text"/> |

22. Additional manufacturing or sales facility:

| | |
|---|----------------------|
| Name | <input type="text"/> |
| Street Address | <input type="text"/> |
| City | <input type="text"/> |
| State | <input type="text"/> |
| Zip Code +4 | <input type="text"/> |
| Number of employees at this location | <input type="text"/> |

If you have more facilities than this form will accommodate, please contact Sonya Kelly at info@fama.org or Cynthia Leighton at cleighton@femsa.org.