



THE PRESIDENTIAL SMALL BUSINESS ADVISORY COUNCIL

What is the PSBAC?

The Presidential Small Business Advisory Council (PSBAC) is a small business council which was established with a three fold purpose.

- First, we want to provide training, advocacy, recommendations and best practice solutions which would be of value and would assist small businesses in the facilitation of more effective business strategies for successful operation in all aspects.
- Secondly, it's our goal to offer the new Presidential Transition Team recommendations on how key government agency stakeholders within the new Presidential administration can operate in accordance with Federal Acquisition Regulations (FAR), Subpart 19; which addresses all small business concerns, and other new mandated governmental regulations.
- Thirdly, membership with this council will provide the small business community with the much needed resources that would help sustain and propel their business operations.

How Do I Join the PSBAC?

The PSBAC is currently welcoming new members. The yearly membership fee is only \$100.00 and would entitle members to receive discounts on management consultant services, training rates and room rentals. To join the PSBAC simply complete an application and send it to your choice of the following:

1. By Email – PSBAC@ussmc.com
2. By Fax – (301) 322-8761
3. By Mail – 9701 Apollo Drive, Suite 200, Largo, MD 20774

How Do I Contact the PSBAC?

For questions or more information about the PSBAC and how it can benefit your small business please contact Chrystal Hunter at PSBAC@ussmc.com or by telephone at (301) 322-2247.



USSMC

Unlimited Services Systems Management and Consultants

THE PRESIDENTIAL SMALL BUSINESS ADVISORY COUNCIL

Application for Membership

NAME OF ORGANIZATION:

Will become a member of the Presidential Business Council of USSMC for the year

CORPORATE HEADQUARTERS:

CEO NAME

ADDRESS

TITLE

CITY/STATE/ZIP

PRIMARY REPRESENTATION:

NAME

CITY/STATE/ZIP

TITLE

TELEPHONE

SIGNATURE

FAX

ADDRESS

EMAIL

WEBSITE

SECONDARY REPRESENTATION:

NAME

TELEPHONE

TITLE

FAX

SIGNATURE

EMAIL

ADDRESS

WEBSITE

CITY/STATE/ZIP

The persons) listed above will represent your organization on the USSMC Presidential Business Council and is authorized by your organization to receive all correspondence and benefits of the USSMC Presidential Business Council.

Please provide a description of your organization.

