



## ADDITIVE MANUFACTURING ACCELERATOR APPLICATION

Participant Type: Entrepreneur Existing Industry

Date

Business Name

Primary Contact Name

### PARTICIPANT INFORMATION

Business Phone

Cell Phone

Email Address

Business Address

City

State

ZIP Code

Business Type

### ADDITIVE MANUFACTURING PRODUCT

Additive Material to be Used: Polymer Metal

Project Name

Project Deadline (if applicable)

Description of Project (what is the product, intended use, etc.)

Submit completed application to [cmymers@auburnalabama.org](mailto:cmymers@auburnalabama.org)

