

MBA Team Consulting Program

Rutgers, The State University of New Jersey 100 Rockafeller Road, 2152 Piscataway, NJ 08854

Doug Brownstone, Director

Office Phone: 848-445-9623
Cell Phone: 201-747-8621

Program Website

http://www.business.rutgers.edu/mba-team-consulting

Client Engagement Information

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I. Organization Name					
Division or Subsidiary Name					
Business Type					
Government	Not For Profit Organization		Oth	er (Specify Below)	
Private Company	Public Company				
II. Executive with Overall Project Responsibility					
Name/ Title					
Department					
Telephone		Email Address			
III. Mailing Address					
City, State, Zip					
IV. Main Contact					
Name/ Title					
Department					
Telephone		Email Address			
V. Desired Student Concentrations					
Applied Statistics	Economics	Global Business Marketing			
Arts Management	Entrepreneurship	Information Technology Pharmaceutical Management			
Ecommerce	Finance	Management and Business Strategy Supply Chain Management			

Please e-mail to: Doug Brownstone, DIRECTOR OF TEAM CONSULTING PROGRAM

Email: <u>doug.brownstone@business.rutgers.edu</u>
Team Consulting Program Client Information, Page 1 of 2



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VI. Desired Student Career Interests:						
Accounting	Consulting	Health Care Services	Printing/Publishing			
Advertising/Marketing Services	Education	Household/Personal Products	Real Estate			
Aerospace	Electrical Equipment	Import/Export/Trading	Retail			
Agribusiness	Entertainment/Leisure	Information Technology	Rubber/Plastics/Tires			
Automobile/Transportation Equipment	Fashion Industry	Law	Textiles/Clothing			
Chemical	Financial Services	Machinery	Transportation Services			
Communication	Food/Beverage/Tobacco	Not-for-Profit	Utilities			
Computer Services	Forest Products/Packaging	Petroleum/Energy	Venture Capital			
Construction	Government	Pharmaceuticals/Biotech/ HealthCare Products	Other (Specify)			
VII. Special Conditions or Constraints (if any):						
IIX. Background (brief description of the Organization):						
IX: Summary Description of the Engagement Project:						
X. Expected Results:						
Submitted By:						
Name:						
Title:						
Date:						