

BUSINESS DEVELOPMENT AND RESOURCE CENTER

WORKSHOP PRE-REGISTRATION

DATE OF WORKSHOP _____

NAME OF WORKSHOP YOU ARE INTERESTED IN ATTENDING: _____

NAME: _____

ADDRESS: _____

TELEPHONE: Home #: _____ Work #: _____

Cell# _____ Alternate #: _____

EMAIL ADDRESS: _____

CURRENT BUSINESS STATUS:

____ Start-Up Business ____ Existing Business ____ Non-Profit

BUSINESS NAME: _____

TYPE OF BUSINESS: _____

(Restaurant, Retail Store, Consulting Service, etc.)

PLEASE CHECK UPCOMING WORKSHOPS/ACTIVITIES YOU WOULD LIKE TO ATTEND:

- | | |
|--|----------------------------------|
| _____ ABC's of Starting a Business | _____ Marketing & Sales |
| _____ Starting & Operating a Small Business | _____ How to Write Business Plan |
| _____ Small Business Resources | _____ Franchise Expo |
| _____ Option for Funding Your Business
(SBA and Other Sources) | _____ Business Expo |
| _____ Accounting, Taxes, and Risk Management:
Track and Protect Your Assets | _____ Home-Based Expo |
| _____ Other Workshops: _____ | |