



Business Plan Workshop Parts I & II

November 16 & 17, 2004 – NNPDC Conference Room

Warsaw SBDC Training Registration

Name: _____
First Name MI Last Name

Business Name: _____

Business Phone No.: (____) _____ Business Fax No.: (____) _____

Home Phone No.: (____) _____ E-mail Address: _____

Business or Home Address: _____

City State Zip Code

Is your business currently in operation? Yes No

Do you require assistance with a disability? Yes No

If so, how may we help? _____

Since our program is partially funded under a federal grant, we are required to track client demographics. This information is confidential and is used only for statistical purposes. Check the description which most nearly applies to the owners of the business.

<p><u>Race:</u></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black</p> <p><input type="checkbox"/> Asian/Pacific Islander</p> <p><input type="checkbox"/> American Indian/ Alaskan Native</p> <p><input type="checkbox"/> Decline to Answer</p> <p><u>Ethnicity:</u></p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Not Hispanic</p> <p><input type="checkbox"/> Decline to Answer</p>	<p><u>Gender:</u></p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male/Female</p> <p><input type="checkbox"/> Decline to Answer</p> <p><u>Military Status:</u></p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Veteran</p> <p><input type="checkbox"/> Vietnam Veteran</p> <p><input type="checkbox"/> Disabled Veteran</p> <p><input type="checkbox"/> Decline to Answer</p>
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Please indicate in which industry your business is/will be:

Service Manufacturing Retail

Wholesale Construction

Have you attended a workshop here before and/or are you/have you been a counseling client of the Warsaw SBDC? Yes No

Please check all that apply to you:
 I currently....

- am involved in international trade.
- am applying for an SBA loan/guaranty.
- getting/ have 8(a) certification.
- have a SBA loan/guaranty.
- have an SBA surety bond.

How did you hear about this class being offered:

What other training would you like for the SBDC to offer?

- | | |
|--|--|
| <input type="checkbox"/> Accounting/Book-keeping | <input type="checkbox"/> Marketing/Advertising |
| <input type="checkbox"/> International Trade | <input type="checkbox"/> Sources of Capital |
| <input type="checkbox"/> Procurement | <input type="checkbox"/> Other (specify) |

Please enclose your registration fee of \$40.00. Make your check payable to RRSBDC. Return registration fee and form before the November 12 deadline to RRSBDC-Warsaw, PO Box 490, Warsaw, VA 22572. The class will be held at the Northern Neck Planning District Commission's Conference Room, 483 Main Street, Warsaw, from 6:30 to 9:00 pm.

Signature and Title of Attendee _____

Date _____

OFFICE USE ONLY: Date Paid: _____ Person Rec'd: _____

Fee Type: Full DI DII None How Paid: Cash Check # _____ Credit Card # _____