



First Steps to Starting Your Business

November 10, 2004

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? _____

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

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.

Race:

- White
 Black
 Asian/Pacific Islander
 American Indian/
 Alaskan Native
 Decline to Answer

Gender:

- Male
 Female
 Male/Female
 Decline to Answer

Military Status:

- Not Applicable
 Veteran
 Vietnam Veteran
 Disabled Veteran
 Decline to Answer

Ethnicity:

- Hispanic
 Not Hispanic
 Decline to Answer

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?

- Accounting/Book-keeping Marketing/Advertising
 International Trade Sources of Capital
 Procurement Other (specify)

Please enclose your registration fee of \$20.00. Make your check payable to **RRSBDC**. **Return registration fee and form before the November 8 deadline to RRSBDC, PO Box 490, Warsaw VA 22572.** The class will be held at 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: <input type="checkbox"/> Full <input type="checkbox"/> DI <input type="checkbox"/> BII <input type="checkbox"/> None	How Paid: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____		