



# Business Plan Workshop Parts I & II

## October 18 & 20, 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? \_\_\_\_\_

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.

*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

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 \$40.00. Make your check payable to RRSBDC. Return registration fee and form before the October 15 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 # \_\_\_\_\_