



First Steps to Starting Your Business

October 13, 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? _____

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

Please indicate in which industry your business is/will be:

- Service Manufacturing Retail
- Wholesale Construction

Military Status:

- Not Applicable
- Veteran
- Vietnam Veteran
- Disabled Veteran
- Decline to Answer

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

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 October 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: Full DI DII None

How Paid: Cash

Check # _____