



**Business Plan Workshop Parts I & II**  
**September 28 & 30, 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

*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.*

- |   |  |
|---|--|
| <b>Race:</b>  | <b>Gender:</b>                             |
| <input type="checkbox"/> White                              | <input type="checkbox"/> Male              |
| <input type="checkbox"/> Black                              | <input type="checkbox"/> Female            |
| <input type="checkbox"/> Asian/Pacific Islander             | <input type="checkbox"/> Male/Female       |
| <input type="checkbox"/> American Indian/<br>Alaskan Native | <input type="checkbox"/> Decline to Answer |
| <input type="checkbox"/> Decline to Answer                  | <b>Military Status:</b>                    |
|   | <input type="checkbox"/> Not Applicable    |
| <b>Ethnicity:</b>   | <input type="checkbox"/> Veteran           |
| <input type="checkbox"/> Hispanic                           | <input type="checkbox"/> Vietnam Veteran   |
| <input type="checkbox"/> Not Hispanic                       | <input type="checkbox"/> Disabled Veteran  |
| <input type="checkbox"/> Decline to Answer                  | <input type="checkbox"/> Decline to Answer |

Please check all that apply to you: \_\_\_\_\_ How did you hear about this class being offered:

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.

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 September 24 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 # \_\_\_\_\_