



## Entrepreneurial Strategic Planning (ESP) Program Registration Form

FEE PAID \$ \_\_\_\_\_

NAME			TELEPHONE NUMBER(S)	
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Business Phone</b> _____		
<b>Last Name</b> <b>First Name</b> <b>Middle Initial</b>		<b>Home Phone</b> _____		
<b>Ethnicity (please check one)</b>		<b>Cell</b> _____		
<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic	
<input type="checkbox"/> Native American	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other _____		
		<b>Email Address</b> _____		

BUSINESS INFORMATION (if applicable)	
Business Name: _____	
Address: _____	
City: _____	State: _____ Zip Code: _____
Nature of Business: _____	
Primary Contact: _____	Number of Employees: _____
Year Business Established: _____	No. of years under current management: _____ Sic Code: _____
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S- Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit	

SEMINARS AND FEES			
<input type="checkbox"/> A Quantum Leap to Success	\$60	<input type="checkbox"/> QuickBooks	\$60
<input type="checkbox"/> Developing Your Business Plan	\$60	<input type="checkbox"/> Financing Your Business	\$60
<input type="checkbox"/> Business Strategies and Projections	\$50	<input type="checkbox"/> Analyzing Your Financial Statements	\$50
<input type="checkbox"/> Business Legal Issues	\$50	<input type="checkbox"/> Managing Your Business Effectively	\$60
<input type="checkbox"/> Marketing Your Business	\$60	<input type="checkbox"/> Employee Development / Customer Relations	\$50
<input type="checkbox"/> Recordkeeping/Accounting	\$60		

HOW DID YOU HEAR ABOUT US?			
a. <input type="checkbox"/> Word of Mouth	d. <input type="checkbox"/> Chamber of Commerce	g. <input type="checkbox"/> Television	j. <input type="checkbox"/> SBA
b. <input type="checkbox"/> Bank	e. <input type="checkbox"/> Internet	h. <input type="checkbox"/> PCR	k. <input type="checkbox"/> SBDC
c. <input type="checkbox"/> Newspaper	f. <input type="checkbox"/> Radio	i. <input type="checkbox"/> Other _____	

I request business assistance training through the Entrepreneurial Strategic Planning (ESP) Program from a Pacific Coast Regional Small Business Development Corporation (PCR). I agree to cooperate should I be selected to participate in surveys designed to evaluate PCR assistance services. I authorize PCR to furnish relevant information to the assigned Instructor(s). I understand that any information disclosed to be held in strict confidence by him/her.

<b>Signature:</b> _____	<b>Date:</b> _____
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