

NCCCS Small Business Center Network

Training Event Attendee

Contact Information

Client Name	Primary Phone	Office Use:
Position/Title (Owner, Manager, etc.)	Secondary Phone	Lead Cnslr:
Business Name (leave blank if none)	Fax	<input type="checkbox"/> No Mailings
Address	E-Mail Address	<input type="checkbox"/> No E-Mails
City, State & Zip	Web Site & Business Description	<input type="checkbox"/> No Public Release (to private 3rd parties if they request)
		Date of Birth: _____
		Last 4 SSN: _____

USA

Customer Information

Race	Ethnicity	Gender	Veteran	Military Status
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Male	<input type="checkbox"/> Non-Veteran	<input type="checkbox"/> On Active Duty (Title 10, Title 32, SAD)
<input type="checkbox"/> Black	<input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Female	<input type="checkbox"/> Veteran	<input type="checkbox"/> Member of Reserve or National Guard on Drilling Status
<input type="checkbox"/> Hawaiian/Pacific Islander	Disability		<input type="checkbox"/> Service-Disabled Veteran	<input type="checkbox"/> Dependant of Military Member (Active, Reserve, or Guard)
<input type="checkbox"/> White	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Veteran Who is No Longer Active or Drilling
<input type="checkbox"/> Native American				

Business Information

If you are the lead representative of your business concern/venture, please provide the following information about your business:

Business Status Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, skip down to Signature)	Type of Business Describe your business (e.g. Retail, Consulting, etc.) _____ Female Ownership Percent (0 - 100%) _____ Business Start Date: _____	Check any that apply
Employees Full Time: 0 Part Time: 0	Legal Entity _____ NAICS (if known) _____ SIC _____ 0	<input type="checkbox"/> On-Line Business is Conducted <input type="checkbox"/> Business is Home Based <input type="checkbox"/> 8(a) Certified <input type="checkbox"/> MatchForce <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Bonded <input type="checkbox"/> COC <input type="checkbox"/> Import/Exporter <input type="checkbox"/> MBE Certified <input type="checkbox"/> Certified HubZone <input type="checkbox"/> Not a Small Business <input type="checkbox"/> GATE <input type="checkbox"/> BioBusiness <input type="checkbox"/> NG Ventures <input type="checkbox"/> Misc 10 <input type="checkbox"/> Contracting Potential
Annual Sales \$ _____	Annual Profit/Loss \$ _____	
<input type="checkbox"/> Exporting	Export Employees _____ Export Sales \$ _____	
	DUNS _____	

Event Attendance (Office Use Only)

Fee <input type="checkbox"/> None <input type="checkbox"/> Full <input type="checkbox"/> Discount \$ 0.00	Payment <input type="checkbox"/> None <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other <input type="checkbox"/> Not yet Paid	Referral From Notes	<input type="checkbox"/> Pre-Registered <input type="checkbox"/> No Show
	Payment Info Payment Date Deposit Number		

Title and date of Seminar Goes Here (mm/dd/yyyy)

Signature: _____

Date: _____