

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	

USA

Customer Information

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 Veteran Who is No Longer Active or Drilling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

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 \$ _____	DUNS _____	
<input type="checkbox"/> Exporting		
Export Employees _____ Export Sales \$ _____		

Event Attendance (Office Use Only)

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

Fee	Payment	Referral From	<input type="checkbox"/> Pre-Registered
<input type="checkbox"/> None <input type="checkbox"/> Full <input type="checkbox"/> Discount	<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	Notes	<input type="checkbox"/> No Show
\$ 0.00	Payment Info Payment Date Deposit Number		

Signature: _____

Date: _____