# NCCCS Small Business Center Network
## Training Event Attendee

### Contact Information

<table>
<thead>
<tr>
<th>Client Name</th>
<th>Primary Phone</th>
<th>Office Use:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Lead Cnslr:</td>
</tr>
<tr>
<td>Position/Title (Owner, Manager, etc.)</td>
<td>Secondary Phone</td>
<td></td>
</tr>
<tr>
<td>Business Name (leave blank if none)</td>
<td>Fax</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>E-Mail Address</td>
<td></td>
</tr>
</tbody>
</table>

### City, State & Zip

- USA

### Customer Information

**Race**
- [ ] Asian
- [ ] Hawaiian/Pacific Islander
- [ ] Black
- [ ] White
- [ ] Native American

**Ethnicity**
- [ ] Hispanic
- [ ] Not Hispanic

**Gender**
- [ ] Male
- [ ] Female

**Veteran**
- [ ] Non-Veteran
- [ ] Veteran
- [ ] Service-Disabled Veteran

**Military Status**
- [ ] On Active Duty (Title 10, Title 32, SAD)
- [ ] Member of Reserve or National Guard on Drilling Status
- [ ] Dependant of Military Member (Active, Reserve, or Guard)
- [ ] Veteran Who is No Longer Active or Drilling

### Business Information

**Business Status**
- [ ] Yes
- [ ] No (If No, skip down to Signature)

**Employees**
- Full Time: 0
- Part Time: 0

**Annual Sales**
- $

**Annual Profit/Loss**
- $

**Exporting**
- [ ]

**Export Employees**
- $

**Export Sales**
- $

**Legal Entity**
- NAICS (if known)
- SIC
- 0

**DUNS**
- 0

### Event Attendance (Office Use Only)

**Fee**
- [ ] None
- [ ] Full
- [ ] Discount

**Payment**
- [ ] None
- [ ] Cash
- [ ] Check
- [ ] Credit Card
- [ ] Other
- [ ] Not yet Paid

**Payment Info**
- Referral From
- Notes
- Pre-Registered
- No Show

**Deposit Number**
- Payment Date

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

Date:__________________________

Signature:__________________________