

Capital Region Seminar Registration Form

301 • 403-0505 Fax

Section A

Please print

Name _____ Sex: M F

Address _____

City _____ State _____ Zip _____

Phone (required) _____ e-mail (please provide) _____

Ethnic Group (check one)		Military Status	
<input type="checkbox"/> Native American	<input type="checkbox"/> Asian	<input type="checkbox"/> Veteran	<input type="checkbox"/> Vietnam Veteran
<input type="checkbox"/> Black/African Amer.	<input type="checkbox"/> White	<input type="checkbox"/> Non-Veteran	<input type="checkbox"/> Service Disabled Veteran
<input type="checkbox"/> Native Hawaiian/ Pacific Islander	<input type="checkbox"/> Hispanic		

Are you in Business? Yes No (if No proceed to section B) How Long? _____

Legal Entity: Sole Proprietor Partnership Limited Liability (LLC) Corporation (circle type) S C

Business Name: _____ Title _____

Section B

PLEASE READ: I understand that my completed registration form and credit card payment must be received by 5 p.m. four (4) days prior to class date to ensure acceptance. Please register as soon as possible, as classes fill quickly. Credit card, money order and certified checks accepted. NO CASH OR PERSONAL/COMPANY CHECKS. NO WALK-IN REGISTRATIONS ACCEPTED. No refunds will be issued unless class is cancelled by SBDC. ADULT ONLY CLASSES (No infants or children please). One registration form per class per person.

Please initial indicating acceptance of policy: _____

Mail completed form with payment to address above. For credit card payments, fax completed registration to (301) 403-0505.

Seminar/Class Title _____ Date _____ Time _____

Location _____ Fee: _____

Payment Type: Visa MasterCard Amex Money Order or Certified Check (Payable to MDSBDC: NO CHECKS)

Credit Card # _____ Exp. Date _____

Name as it appears on Card _____

Signature _____