



Registration Form

Registration Date: _____

Name:		Work Phone: ()	
Name of your Business:		Home Phone: ()	
Title:		Fax Number: ()	
Website:		E-Mail Address:	
Business Address:	City:	State:	Zip:
Home Address:	City:	State:	Zip:

Section I. Personal Profile

Please check the response that best applies to your situation. All information will be kept confidential.

1. Gender 1. Male 2. Female

2. What is your age? _____ years old

3. What is your ethnic background?

1. African American 3. Hispanic 5. Caucasian
 2. Asian American 4. Native American 6. Other (Specify): _____

4. Which category best describes your formal years of education? (Check one.)

1. Elementary/secondary school 4. Vocational/trade school graduate 7. A 4-year college graduate
 2. High school graduate 5. Some college 8. Post graduate college
 3. Some vocational/trade school 6. A 2-year college graduate

5. Are you the primary income earner in your household? 1. Yes 2. No

6. What is your present occupation? _____

7. Have you previously owned/operated a business? 1. Yes 2. No

Section II. Information About Your Business

1. What is the main activity of your business? (Check one.)

1. Ag services 5. Catering-food service 9. Health Services 13. Restaurant/Bar 17. Wholesale/distribution
 2. Ag production 6. Construction 10. Manufacturing 14. Retail/Merchandising 18. Other (Specify.): _____
 3. Arts/crafts 7. Consumer Services 11. Mechanical Repair 15. Transportation
 4. Assembly 8. Financial Services 12. Professional Services 16. Value-added processing (food products)



Section II. Information about your business (continued)

2. Are you the primary owner/operator of your business?

1. Primary Owner 2. Jointly Owned

3. What is the current form of ownership of your business? (Check one.)

1. Limited Liability Company 3. General Partnership 5. C-Corporation
 2. Sole Proprietorship 4. Limited Partnership 6. S-Corporation

4. How long have you been operating/managing this business? _____ years

5. How would you best describe the status of your business today? (Check one.)

1. Idea for a potential business 3. Part-time business 5. Expanding the business (more than 2 yrs. old)
 2. Start-up business (less than 2 yrs. old) 4. Existing business (more than 2 yrs. old)

6. Including yourself, how many people does your business presently employ?

1. # of part-time employees: _____ employees 2. # of full-time employees: _____ employees

7. What was your gross sales revenue for last year? Gross sales: \$ _____ .00

8. How did you become connected with your business? (Check one.)

1. I started it 5. I joined my family in operating it
 2. I am expanding a part-time business 6. I purchased a franchise
 3. I purchased it 7 Other (Specify.): _____
 4. I do not own, but I am the manager

Section III. Your Class Expectations

How did you learn about the Leading Edge (Check one)

1. Word of mouth 4. Internet / Website 7. Information flyer/brochure
 2. Newspaper Ad 5. Chamber of Commerce 8. Mailing
 3. SBA 6. SBDC 9. Other (Specify.): _____

2. Please list the top three (3) reasons for enrolling in the Leading Edge course:

1. _____
2. _____
3. _____

3. Please list your top five (5) learning objectives for this course:

1. _____
2. _____
3. _____
4. _____
5. _____



The Leading Edge course includes 36 hours of intensive training and 5 hours of individual consulting. The course runs August 28, 2018 through November 13, 2018. Classes will be held on Tuesday evenings from 6:00 - 9:00 p.m.

12 Sessions

Start Date: August 28, 2018

End Date: November 13, 2018

Class meets on Tuesdays from 6:00 - 9:00 p.m.

Tuition for Leading Edge is \$275, which includes the SUCCESSFUL BUSINESS PLAN: Secrets and Strategies Workbook, 36 hours of classroom time (12 sessions) and 5 hours of individualized consulting.

Payment methods accepted are:

1. Major Credit Card

2. Cash or Check

To pay with a credit card, please stop by the Business Incubator Center or call (970) 243-5242

Checks should be made payable to the Business Incubator Center (BIC) and can be dropped off or mailed to:
Leading Edge
2591 Legacy Way
Grand Junction, CO 81503

Applications and payment must be received by August 21st.

