



Registration Form

Name:		Work Phone: ()	
Business Name:		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.

- Gender**
 - Male
 - Female
- What is your age?** _____ years-old
- What is your ethnic background?**
 - African American
 - Asian American
 - Hispanic
 - Native American
 - Caucasian
 - Other (please specify): _____
- Which category best describes your formal years of education? (Check one.)**
 - Elementary/secondary school
 - High school graduate
 - Some vocational/trade school
 - Vocational/trade school graduate
 - Some college
 - A 2-year college graduate
 - A 4-year college graduate
 - Post graduate college
- Are you the primary income earner in your household?**
 - Yes
 - No
- What is your present occupation?** _____
- Have you previously owned/operated a business?**
 - Yes
 - No

Section II. Information About Your Business

- What is the main activity of your business? (Check one.)**
 - Ag services
 - Ag production
 - Arts/crafts
 - Assembly
 - Value-added processing (food products)
 - Catering-food service
 - Construction
 - Consumer services
 - Financial Services
 - Health services
 - Manufacturing
 - Mechanical repair
 - Professional services
 - Restaurant/bar
 - Retail/merchandising
 - Transportation
 - Wholesale/distribution
 - Other (specify): _____



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? _____ year(s)

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

1. Idea for potential business 3. Part-time business 5. Expanding the business (more than 2 yrs. old)
2. Start-up (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: \$ _____

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

1. How did you learn about the Leading Edge course? (Check one.)

1. Word of mouth 4. Website 7. Informational flyer/brochure
2. Newspaper ad 5. Chamber of Commerce 8. Mailing
3. SBA 6. SBDC 9. Social Media
10. 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. _____



Course Details

Dates

The Leading Edge course includes 36 hours of intensive training and three (3) hours of individual consulting. The course runs February 5, 2020, through April 22, 2020. Classes will be held Wednesday evenings from 6:00 – 9:00 p.m.

12 Sessions
Start Date: February 5, 2020
End Date: April 22, 2020
Class meets on Wednesday from
6:00 – 9:00 p.m.

Tuition

- \$275 per person
- Additional individuals from the same business may attend for \$100 each
- Tuition includes the “Successful Business Plan: Secrets and Strategies” workbook, the “Resource Guide,” 36 hours of classroom time (12 sessions) and three (3) hours of individualized consulting.

Accepted Payment Methods

1. Major credit card

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

2. Cash or check

Checks should be made payable to the Business Incubator Center (BIC) and can be dropped off or mailed to:

Business Incubator Center
2591 Legacy Way
Grand Junction, CO 81503

Applications and payment must be received by February 4, 2020.
Space is limited!

