

# SEDU ENTREPRENEURIAL DEVELOPMENT TRAINING COURSE

## REGISTRATION FORM

- ☐ Basic Project Mgt. - Contractors    ☐ Financial Management    ☐ Marketing Management  
☐ Peachtree    ☐ Quality Management    ☐ Small Business Management

Have you ever dealt with SEDU before?      Yes \_\_\_\_\_ No \_\_\_\_\_

How did you learn about SEDU's courses?

Radio \_\_\_\_\_ TV \_\_\_\_\_ Gov't website \_\_\_\_\_ Facebook \_\_\_\_\_ Email \_\_\_\_\_

Word of mouth \_\_\_\_\_ Newspaper \_\_\_\_\_ Poster \_\_\_\_\_ Brochure \_\_\_\_\_

Other (Specify) \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender      Male ☐      Female ☐

Address \_\_\_\_\_ Email \_\_\_\_\_

Phone Number      Land Line \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Marital Status      Married ☐      Single ☐      Common Law ☐      Other ☐

Last School Attended      Primary ☐      Secondary ☐      University ☐      Other ☐

Business Owner      Yes ☐      No ☐

Employee      Yes ☐      No ☐

### IF YOU ARE A BUSINESS OWNER FILL OUT THIS SECTION

Business Name \_\_\_\_\_

Type of Business \_\_\_\_\_

Ownership Structure      Sole Trader ☐      Partnership ☐      Limited Company ☐

Registration # \_\_\_\_\_ of (date) \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

No. of persons employed      Females \_\_\_\_\_ Males \_\_\_\_\_

Initial Investment \$ \_\_\_\_\_ Average monthly sales \$ \_\_\_\_\_

Started with      Bank Loan ☐      Savings ☐      Other ☐

Value of what the business owns \_\_\_\_\_

Do you keep business records?      Yes ☐      No ☐

### PAYMENT FOR COURSE

Date \_\_\_\_\_

**Payment MUST be made through the Treasury Department.  
The "A" Form for payment to be collected at SEDU'S office.**

Amount \_\_\_\_\_

Paid By \_\_\_\_\_