SEDU ENTREPRENEURIAL DEVELOPMENT TRAINING COURSE REGISTRATION FORM

	Peachtree			Managemer		Small Business Managen -
	•	ealt with SED			^	lo
How	•	n about SED			l l	E
						Email Brochure
	Other (Sp	ecify)				
First I	Name			Last Nam		
Gende	er	Male	Female			
Addre	ess				Ema	ail
Phone	e Number	Land Line _			Cel	l
Date o	of Birth	Month		Day		Year
Marita	l Status	Married	Single	Comm	on Law [Other
Last S	School Attend	ded Prim	ary 🔲 S	econdary [Univer	sity Other
Busine	ess Owner	Yes	N	lo 🗌		
Emplo	yee	Yes	☐ No			
Busine		OU ARE A BU				SECTION
	rship Structu		Trader	_		Limited Company
Regist	tration #		of (date))	·	. ,
Teleph	hone	F	- ax		Email	
No. of	persons em	ployed	Females	3	Ma	iles
Initial I	Investment	\$	Д	verage mon	thly sales	\$
Starte	d with	Bank Loan	Sav	rings	Other _	
Value	of what the	business own	ıs			
Do voi	•	ess records?	<u> Y</u>	es	No 🗌	
	ENT FOR CO				· · · · · · · · · · · · · · · · · · ·	

Paid By _____