

Business Development Centre, Inc.

Registration Form for **Request for Consultation**
[] Basics of Business Ownership Class

The items in *italics* are requested by our funding partners for demographic purposes only.

Name: _____ *Age:* _____
 First MI Last

Home Address: _____

 City State Zip Code City/County

Home Phone: () _____ E-mail: _____

Marital Status: Married Never married Separated Divorced Widowed

Are you a single parent? Yes No **Total number of members in household** _____

Please check all that apply to you: Female Male White Black Asian
 Native American Hawaiian/Pacific Islander Hispanic Handicapped

Annual Household Income: Under \$10,000 10,001-20,000 20,001-30,000 30,001-40,000
 40,001-50,000 Over 50,000

Are you receiving any of the following assistance? Welfare AFDC TANF
 SSI Food Stamps Subsidized Housing

Veteran Status: Veteran Vietnam Veteran Gulf War Veteran Disabled Veteran N/A

Reason(s) for taking this training program: _____

Type of business: _____

Status of your business: Start-up Already in business May buy an existing business None

How did you find out about this program? _____

I request business assistance from the Business Development Centre, Inc. (BDC) through a cooperative agreement encompassing the Small Business Administration, the Virginia Small Business Development Centers and other funding partners. By accepting this assistance, I agree to participate in surveys to evaluate the services provided. I understand that BDC personnel will not recommend goods or services from sources in which they have an interest, that they will not accept any fees, commissions, or gifts for this consultation, and all consultations will be strictly confidential. In consideration of this consultation, I waive all claims against the BDC and its personnel arising from this assistance. Decisions made concerning business activities and the results of those activities are my sole responsibility.

Signature: _____ **Date:** _____