SBDC REGISTRATION FORM

Preregistration and if applicable, prepayment for workshops is required.

Please Print

☐ You are thinking of or are in the process of starting a business.
☐ You have an existing business.

Name:__________________________________________________________

Name of Business:______________________ Business Fax:______

Business Address:__________________________________________________
Street City State Zip Code

Business Phone:______ Business E-mail:____________________________

Home Address:____________________________________________________
Street City State Zip Code

Home Phone:______ E-mail:____________________________

<table>
<thead>
<tr>
<th>Workshop Title</th>
<th>Location</th>
<th>Date</th>
<th>Time</th>
<th>Fee*</th>
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*For workshops without a fee, write n/a.  

Total $____________

Payment Options

Credit Card: ☐ Visa ☐ Mastercard Expiration Date:________________________

Card #_________ - _________ - _________ - _________ (Card number must be 16 digits)

Cardholder Name:____________________________________________________

Authorized Signature:_______________________________________________

Fax completed form to 310-973-3132, or by mail: SBDC Workshop Registration, 13430 Hawthorne Blvd., Hawthorne, CA, 90250. Cash payments in the exact change are accepted in person at the SBDC office. Checks are not accepted. Call SBDC at 310-973-3177 if needed for assistance. SBDC reserves the right to cancel a workshop for lack of the required number of registrants. In the event that your workshop is cancelled, you may take another workshop in its place.