



# 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
  - Other (specify): \_\_\_\_\_
  - Restaurant/bar
  - Retail/merchandising
  - Transportation
  - Wholesale/distribution



## 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. \_\_\_\_\_



### Dates

The Leading Edge course includes 36 hours of intensive training and five (5) hours of individual consulting. The course runs April 26, 2019, through June 28, 2019. There will be 5 sessions held from 9am-4pm on April 26, May 3, May 17, June 14, June 21. There will be an evening graduation/celebration on June 28.

### Tuition

- \$150 per person
- Additional individuals from the same business may attend for \$100 each
- Tuition includes the “Successful Business Plan: Secrets and Strategies” workbook, a flash drive loaded with pertinent documents, 36 hours of classroom time (5 sessions) and five (5) hours of individualized consulting as well as participation in the graduation ceremony.

### Accepted Payment Methods

1. Major credit card

2. Check

To pay with a credit card, please call (970) 243-5242 and mention the Rio Blanco County Leading Edge Series

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

Leading Edge - RBC  
2591 Legacy Way  
Grand Junction, CO 81503

**Applications and payment (or payment arrangement) must be received by April 12, 2019.**

**Call or email Makala Barton at 970-878-9582 or [makala.barton@rbc.us](mailto:makala.barton@rbc.us) with any questions.**

