

REGISTRATION FORM

Enterprise Business Center of Louisiana

Name: _____ Date: _____
Address: _____ (City) _____ (ZIP) _____
Home Tel: _____ Work/Office Tel: _____ Mobile: _____
eMail: _____ DOB: _____
Place of Employment: _____ Tel: _____

TYPE OF REGISTRATION

Workshop Short Course Class Seminar Webinar Presentation

Event Name: _____ Date: _____

Location: _____

Workshop Selection: *(Please select the workshops you wish to attend)*

- Marketing Strategies for Small Businesses
- Financial Planning & Funding Opportunities
- Leveraging Technology for Business Growth
- Networking & Building Strategic Partnerships
- Social Media & Branding Essentials
- Legal Aspects of Running a Small Business

- Grant Writing Workshop Certification
- Customer Service Representative
- Medical Lab Tech Certification
- Project Manager Certification
- _____
- _____

Additional Information:

- What are your primary business interests or goals?

- Do you have any dietary restrictions or accessibility needs?

Consent & Agreement:

I agree to receive event updates and communications. I consent to the use of event photos that may include me for promotional purposes.

Signature: _____ Printed Name: _____ Date: _____

For Office Use Only:

____ Approved By: _____ Date: _____ _____ unable to approve at this time

Notes: _____



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