

**SEDU ENTREPRENEURIAL DEVELOPMENT TRAINING COURSE
REGISTRATION FORM**

Peachtree Small Business Basic Project Management Intro to QMS

Have you ever dealt with SEDU before? Yes No

First Name _____ Last Name _____

Gender Male Female

Address _____ Email _____

Phone Number Land Line _____ Cell _____

Date of Birth Month _____ Day _____ Year _____

Marital Status Married Single Common Law Other

Last School Attended Primary Secondary University Other

Business Owner Yes No

Employee Yes No

IF YOU ARE A BUSINESS OWNER FILL OUT THIS SECTION

Business Name _____

Type of Business _____

Ownership Structure Sole Trader Partnership Limited Company

Registration # _____ of (date) _____

Telephone _____ Fax _____ Email _____

No. of persons employed Females _____ Males _____

Initial Investment \$ _____

Average monthly sales \$ _____

Started with Bank Loan Savings Other

Value of what the business owns _____

Do you keep business records? Yes No

PAYMENT FOR COURSE

Date _____

**Payment MUST be made through the Treasury Department.
The "A" Form for payment to be collected at SEDU'S office.**

Amount _____

Paid By _____