

SCORE[®] Workshop Registration Form

Website: www.scoreboston.org

Name: _____
Last (Please Print) First Middle Initial

Your Street Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _ (_____) _____ Email Address: _____
Area Code

Gender: M F Minority: Yes No Business Owner: Yes No

Workshop Date Requested: _____

Please complete the form and return it to:
SCORE WORKSHOP
U.S. SMALL BUSINESS ADMINISTRATION
10 CAUSEWAY STREET, ROOM 265
BOSTON, MA 02222-1093

Fees received prior to workshop date - \$35.00 per person • Fees paid at door - \$45.00 per person
Make check or money order payable to:
Score Chapter 20 Workshop

Registration fee is non-refundable

Note: If you cannot attend the workshop you signed up for, please call 617-565-5591 within 15 days to reschedule.

Please describe the kind of business or business idea that brought you here. Is it...

Retail: (Store, Restaurant, Landscaping, etc.)

Describe: _____

Service: (Consulting, Dog walking, etc.)

Describe: _____

Product: (Manufacturing something)

Describe: _____

How did you find out about our Small Business Workshop?

- Newspaper Internet SCORE Counselor SBA
 MBTA Ad Word of Mouth Other

I request appropriate management or technical assistance from the Boston SCORE CHAPTER 20. It is understood that the above fee is for administrative purposes only and I incur no obligation to reimburse SCORE or its counselors providing such assistance in consideration of the furnishings of management and technical assistance to me. I waive all claims against SCORE personnel and counselors, as well as the Agenda speakers, arising in connection with this assistance.

(Your Signature)

(Date of Application)