



Workshop Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

Business Name (if applicable) or Business Idea _____

Check Best Daytime Phone Number to Contact You:

[] Home: _____ [] Business/Work: _____ [] Cell: _____

Email _____

Select individual workshops or the JumpStart series.

Before You Start	<input type="checkbox"/>	5/09/18	5:45 - 9 pm	\$35
Market Research	<input type="checkbox"/>	5/16/18	6:00 - 9 pm	\$35
Financial Analysis	<input type="checkbox"/>	5/23/18	6:00 - 9 pm	\$35
The Business Plan	<input type="checkbox"/>	5/30/18	6:00 - 9 pm	\$35
Business Launch	<input type="checkbox"/>	6/06/18	6:00 - 9 pm	\$35
Entire JUMPSTART series	<input type="checkbox"/>	5/09/18 – 6/06/18		\$155

Early discount:

Register for series and pay by **4/25/2018** **\$135**

Registration deadline is May 2, 2018 for series.

JUMPSTART series is **half price (\$77.50)** for 1 business partner.

[] I have enclosed a check in the amount of \$ _____ made payable to WBDC.

[] Please charge my: Visa ___ MasterCard ___ Amex ___ Discover ___

Please print:

Total Amount: \$ _____ Credit Card Number: _____

Name on Card: _____ Exp. Date: _____ CID: _____

(The CID for Visa, MC and Discover is a forward sloped three-digit number in the signature area on the back of the card. For Amex, it is a small, four-digit number to the right of the account number.)

Signature: _____

Billing address/zip code: _____
(if different from mailing address)

Please note:

- Fees are non-refundable. Limited financial aid is available to those who qualify.
- Send payment and registration form to:

WBDC
 1315 Walnut Street, Suite 1116
 Philadelphia, PA 19107-4711
 Phone: 215-790-9232
 Fax: 215-790-9231
 Email: info@womensbdc.org
 Web: www.womensbdc.org

For Official Use Check # _____ Rec'd by _____ Date Rec'd _____
