



NxLevel™ Registration Form

for the *Entrepreneur Course*

Name:		Work Phone: ()	
Name of your Business:		Home Phone: ()	
Title:		Fax Number: ()	
		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.

1. **Gender** 1. Male 2. Female

2. **What is your age?** _____ years old

3. **What is your ethnic background?**

1. African American 3. Hispanic 5. Caucasian
 2. Asian American 4. Native American 6. Other (Specify): _____

4. **Which category best describes your formal years of education? (Check one.)**

1. Elementary/secondary school 4. Vocational/trade school graduate 7. A 4-year college graduate
 2. High school graduate 5. Some college 8. Post graduate college
 3. Some vocational/trade school 6. A 2-year college graduate

5. **Are you the primary income earner in your household?** 1. Yes 2. No

6. **What was your gross annual income last year from all sources?** Annual Income: \$ _____ .00

7. **What is your present occupation?** _____

8. **Have you previously owned/operated a business?** 1. Yes 2. No

Section II. Information About Your Business

1. **What is the main activity of your business? (Check one.)**

- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> 1. Ag services | <input type="checkbox"/> 5. Catering-food service | <input type="checkbox"/> 9. Health Services | <input type="checkbox"/> 13. Restaurant/Bar | <input type="checkbox"/> 17. Wholesale/distribution |
| <input type="checkbox"/> 2. Ag production | <input type="checkbox"/> 6. Construction | <input type="checkbox"/> 10. Manufacturing | <input type="checkbox"/> 14. Retail/Merchandising | <input type="checkbox"/> 18. Other (Specify.): _____ |
| <input type="checkbox"/> 3. Arts/crafts | <input type="checkbox"/> 7. Consumer Services | <input type="checkbox"/> 11. Mechanical Repair | <input type="checkbox"/> 15. Transportation | |
| <input type="checkbox"/> 4. Assembly | <input type="checkbox"/> 8. Financial Services | <input type="checkbox"/> 12. Professional Services | <input type="checkbox"/> 16. Value-added processing (food products) | |

Section II. Information about your business (continued)

2. Are you the primary owner/operator of your business?

1. Primary Owner 3. 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? _____ years

5. How would you best describe the status of your business today? (Check one.)

1. Idea for a potential business 3. Part-time business 5. Expanding the business (more than 2 yrs. old)
 2. Start-up business (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: \$ _____ .00

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 NxLevel™? (Check one.)

1. Word of mouth 4. Television 7. Information flyer/brochure
 2. Newspaper Ad 5. Chamber of Commerce 8. Local sponsor mailing
 3. Radio 6. SBA 9. SBDC
 10. Other (Specify.): _____

2. Please list the top three (3) reasons for enrolling in the NxLevel™ course:

1. _____
2. _____
3. _____

3. Please list your top five (5) learning objectives for this course:

1. _____
2. _____
3. _____
4. _____
5. _____