



# NxLevel™ Registration Form

for the *Entrepreneur Course*

<b>Name:</b>		<b>Work Phone:</b> (    )	
<b>Name of your Business:</b>		<b>Home Phone:</b> (    )	
<b>Title:</b>		<b>Fax Number:</b> (    )	
		<b>E-Mail Address:</b>	
<b>Business Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>

## 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.)**

1. Ag services     5. Catering-food service     9. Health Services     13. Restaurant/Bar     17. Wholesale/distribution  
 2. Ag production     6. Construction     10. Manufacturing     14. Retail/Merchandising     18. Other (Specify.): \_\_\_\_\_  
 3. Arts/crafts     7. Consumer Services     11. Mechanical Repair     15. Transportation  
 4. Assembly     8. Financial Services     12. Professional Services     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. \_\_\_\_\_