



NxLevel™ Registration Form

for the Entrepreneur Course

Name:	Work Phone: ()		
Name of Your Business:	Home Phone: ()		
	Fax Number: ()		
Title:	e-mail:		
Business Address:	City:	State:	Zip:
Home Address:	City:	State:	Zip:

SECTION I. PERSONAL PROFILE

Please check or circle the response that best applies to your situation. All information will be kept confidential.

1. Gender	<input type="checkbox"/> 1. Male	<input type="checkbox"/> 2. Female
2. What is your age?	_____ years old.	
3. What is your ethnic background?	<input type="checkbox"/> 1. African-American <input type="checkbox"/> 3. Hispanic <input type="checkbox"/> 5. Caucasian <input type="checkbox"/> 2. Asian-American <input type="checkbox"/> 4. Native-American <input type="checkbox"/> 6. Other (specify): _____	
4. Which category best describes your formal years of education? (Check one.)	<input type="checkbox"/> 1. Elementary/Secondary School <input type="checkbox"/> 4. Vocational/trade school graduate <input type="checkbox"/> 7. A 4-year college graduate <input type="checkbox"/> 2. High School graduate <input type="checkbox"/> 5. Some College <input type="checkbox"/> 8. Post graduate college <input type="checkbox"/> 3. Some vocational/trade school <input type="checkbox"/> 6. A 2-year college graduate	
5. Including yourself, how many people are in your household?	Size of household: _____	
6. Are you the primary income earner in your household?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
7. What was your gross annual income last year from all sources?	Annual Income: \$ _____	
8. What is your present occupation?	_____	
9. Have you previously owned/operated a business?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	

SECTION II. INFORMATION ABOUT YOUR BUSINESS

SECTION II. INFORMATION ABOUT YOUR BUSINESS (CONTINUED)

2. Are you the primary owner/operator of your business? 1. Primary Owner 2. 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: ____ 2. # of full-time employees: ____

7. What was your gross sales revenue for last year? Gross sales: \$ _____

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™? (Please 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. _____