Women's Entrepreneurship Workshop

Registration Form

Date	Residency	Contact Information
____/____/_____	I currently reside: ☐ Texas | County: _____ ☐ Not Texas/County: _____	Primary Phone: ( ) - Secondary Phone:( ) -

Attendee Registration Information

Please use your name as it appears on your Driver's License

Last Name: First Name: Middle Name:

Previous Last Name *(if applicable)*:	Email:

Street Address:

City:	State:	Zip:

Mailing Address (if different):

Social Security Number: _____ - _____ - _____	Date of Birth: _____/_____/_____	Gender: ☐ Male ☐ Female

Emergency Contact Name: **Relationship:** **Phone #:**

Demographic Information

The Following questions are used by the state to help provide support for our programs.
Although not required, your cooperation is appreciated.

Ethnicity: Are you Hispanic or Latino? (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) ☐ **YES** ☐ **NO**	**Race (check all that apply)** ☐ Black ☐ White ☐ American Indian/Alaskan Native ☐ Asian ☐ Hispanic or Latino ☐ Native Hawaiian, Pacific Islander ☐ Unknown Race	**Are you authorized to work in the United States?** ☐ Yes ☐ No

What is your primary goal?

☐ Personal Enrichment ☐ Professional Development

☐ Other _____

What type of business are you interested in starting?

Equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Deaf, hard-of-hearing or speech-impaired customers may contact: Relay Texas: (800) 735-2989 (TTY) and 711 (Voice).

Attendee Signature:

Date: **/ /**