



TRAINING REGISTRATION

PARTIAL SBA FORM 888

The University of Guam-College of Professional Studies-Pacific Islands Small Business Development Center Network is sponsored by the U.S. Small Business Administration under a Cooperative Agreement. This Cooperative Agreement is partially funded by U.S. Small Business Administration. SBA's funding is not an endorsement of any products, opinions, or services. All SBA funded programs are extended to the public on a nondiscriminatory basis.

TRAINING TITLE:		DATE:	
NAME:		EMAIL:	
STREET ADDRESS/PO BOX:	CITY:	STATE:	ZIP:
TELEPHONE CONTACTS:			
Primary:	Secondary:	Mobile:	Fax:
Business Affiliation:		Position:	

REQUIRED FOR REPORTING PURPOSES:

In Business: <input type="checkbox"/> Yes <input type="checkbox"/> No	Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No	Startup: <input type="checkbox"/> Yes <input type="checkbox"/> No	With a Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No
Veteran Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Non-Veteran		Military Status: <input type="checkbox"/> Reserve or National Guard <input type="checkbox"/> On Active Duty	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity: <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin	
Race (mark one or more):			
<input type="checkbox"/> Asian	<input type="checkbox"/> Black-African American	<input type="checkbox"/> White	<input type="checkbox"/> Native American/Alaskan Native
		<input type="checkbox"/> Native Hawaiian/other Pacific Islander	
In consideration of the Pacific Islands SBDC Network (Center: _____) furnishing management or technical assistance or training, I waive all claims against SBA personnel, PISBDCN SBDC personnel, the host organization(s) SBI, other SBA and PISBDCN paid and volunteer resources arising from this assistance.			
Signature:		Date:	

FOR OFFICIAL USE:

Category: <input type="checkbox"/> Attendee <input type="checkbox"/> Guest <input type="checkbox"/> Participator <input type="checkbox"/> Student	
Payment received:	\$ _____ .00
Payment method:	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> PURCHASE ORDER
Receipt number:	_____
Registration number:	_____