**2015 ACADEMY FOR ENTREPRENEURIAL EXCELLENCE**

January 27 – April 14, 2015 (12 Tuesdays) 6:00 p.m. – 9:00 p.m.

Orientation on January 20, 2015

**REGISTRATION FORM**

1. Name: Click here to enter text. ­­­­­­­­­­­­­­­­­­­­­­­

2. Company: Click here to enter text.

3. Company Address: Click here to enter text.

4. City, State, Zip: Click here to enter text.

5. Home Address: Click here to enter text.

6. City: State: Zip:

7. Phone: (work) Click here to enter text. (home) Click here to enter text. (mobile)Click here to enter text.

8. Email: Click here to enter text.

9. Date of Birth: Click here to enter text.

10. Number of Years as a Business Owner: Click here to enter text.

NOTE: In order to benefit from this program you must be in business for at least three (3) years.

11. What areas of your business are you looking to improve or grow?

[ ]  Strategic Planning

[ ]  Marketing

[ ]  Sales

[ ]  Customer Service

[ ]  Business Infrastructure

[ ]  Accounting & Financials

[ ]  Human Resources (hiring & staff development)

[ ]  Leadership Development

[ ]  Insurance

[ ]  Legal Structure

[ ]  Other Click here to enter text.

12. How much revenue do you currently generate from your business revenue?

[ ]  50 to 100,000 [ ]  100,000 to 150,000 [ ]  150,000 to 250,000

[ ]  250,000 to 500,000 [ ]  500,000 to 1,000,000 [ ]  1,000,000 or above

13. How Many Employees Do You Have? Click here to enter text.

14. How Did You Hear About the Academy?

[ ]  G2E Email Announcement [ ]  Flyer, Where?Click here to enter text.

[ ]  The Business Council [ ]  Referred by: Click here to enter text.

[ ]  Other Click here to enter text.

15. Any other information that you think will be helpful for us to know in order to help you achieve your goals within the Academy? Click here to enter text.

**Payment Information**

ACADEMY TUITION: $850 + $13 fee (includes $5 non-refundable registration fee)

To pay by credit card:

[ ] MasterCard [ ]  VISA [ ] Discover (please check one)

Credit Card Number: Click here to enter text. Security Code: Click here to enter text.

Card expiration date: Month: Click here to enter text. Year: Click here to enter text.

To pay by check:

Please send $863 check, payable to Westchester Community College and mail to: 75 Grasslands Rd. (Gateway Center, Room 320), Valhalla, NY 10595, Attn: Eridania Camacho. Registration form with full payment must be received prior to the first class.

Refund policy:

* All refund requests must be made to the college in writing or emailed Eridania.camacho@sunywcc.edu. If you paid by check, please allow 6-8 weeks for your refund to be processed. Credit card refunds are processed in one to two weeks.
* For requests received at least 2 business days prior to the start of the class: 100% refund.
* There are no refunds after that.
* The $5 registration fee is non-refundable.