

JOIN US FOR

The “Entrepreneurial Institute”

Conducted by the Business Resources Center
of Lake-Sumter Community College

Whether you are already **in business** or **thinking about going into business**, this 10-week, 30-hour Institute will be a real asset in your planning and/or managing your business.

Start Date: Tuesday, October 6th

Time: 6:00 to 9:00 p.m.

Place: Lake-Sumter Community College
Leesburg Campus
Health Sciences Center, Room 205

Duration: 10 consecutive Tuesday evenings
concluding on December 8th with
Graduation on December 15, 2009

Cost for Chamber of Commerce members is \$165.

Cost to non-members is \$195.

All courses will be taught by successful business professionals sharing real life, practical and proven strategies and experiences.

Courses cover such areas:

- Legal Structure
- Marketing
- Small Business Accounting
- Business Plan Development
- Becoming Bankable
- Budget/Pricing
- WEB Marketing
- Trends and Research

Plus much, much more

All Graduates are automatically eligible for financial consideration by the Business Resources Center Micro Loan Committee.

SCORE

Counselors to America's Small Business

and

Lake Sumter
COMMUNITY COLLEGE
Business Resources Center

www.BusinessResourcesCenter.org



**Non-Credit
Registration
Form**
Leesburg Campus
(352) 365-3556

Make Check Payable to: LSCC

Mail to: Lake-Sumter Community College
9501 U.S. Highway 441
Leesburg, FL 34788-8751
Attn: Business Office

For Credit Card or Debit Card Payment

Fax to: 352-435-5044 (See below)

**Please
Print
Clearly**

EMAIL ADDRESS _____ * SOCIAL SECURITY # _____ (OFFICE USE) STUDENT ID _____

LAST NAME _____ FIRST NAME _____ MIDDLE/MAIDEN _____ * M *F *Race _____

LOCAL MAILING ADDRESS _____ * BIRTH DATE _____

CITY _____ STATE _____ ZIP _____ *Required for state reporting

HOME PHONE _____ WORK PHONE _____

**LSCC IS AN EQUAL ACCESS,
EQUAL OPPORTUNITY INSTITUTION.**

TERM YEAR	CRN	COURSE TITLES	START DATE	CHAMBER MEMBER	NON-CHAMBER MEMBER
201015	15038	Entrepreneurial Institute	10/6/09	\$165	\$195

Office Use Only--Participant Registered/Initials _____

TOTAL FEES _____

If you are a chamber member, complete this section for discounts.

CHAMBER MEMBER

CHAMBER NAME _____

Credit Card Fee Payment Form

If paying by credit card, please complete payment information here and fax to 352-435-5044

NAME _____ PARTICIPANT ID (FOR OFFICE USE ONLY) _____

BILLING MAILING ADDRESS _____ PARTICIPANT PHONE _____

CITY _____ STATE _____ ZIP _____ EMAIL ADDRESS _____

VISA MASTERCARD DISCOVER AMERICAN EXPRESS AMOUNT _____

ACCOUNT NUMBER _____ EXP. DATE _____ AUTHORIZED SIGNATURE _____

Office Use Only--Receipt No. _____
Paid by: _____

Receipt Date: _____
Cashier Initials: _____