

Lane Business Development Center

Student Registration

Student File Information

L# _____ Date of Birth _____

Contact Information

Name: _____
Last First (former Name)

Home Address: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell/Other Phone: _____

Email Address: _____

Class Information

Date: ____ / ____ / ____ Term _____

CRN _____ Class Name _____ \$ _____

CRN _____ Class Name _____ \$ _____

CRN _____ Class Name _____ \$ _____

How did you learn about this class?

LCC Class Schedule BDC Term Brochure BDC Website

Class/Workshop Brochure Newspaper Agency

Personal Referral Other _____

Gender: _____ Ethnicity: _____ Military Status: _____ Disabled: _____

Business Information (if applicable)

Business Name: _____

Business Address: _____ Zip Code: _____

Business Phone: _____ Website: _____

Business Category: Pre-Venture First Year Existing Year Business Started: _____

Business Structure: Sole-Proprietorship Corporation Partnership Other _____

Business Type: Retail Service Wholesale Manufacturing Construction

Business Role: Owner Representative Number of Employees: _____ Full Time ___ Part Time

The business information and address that you provide on this form are used for Business Development Center marketing, financial reporting, and data management for the Center. By filling out this form you are consenting to this use. Your information is not released or sold to the public.



Mailing Address:
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