

Use this form for ALL SBC Seminars.



Small Business Center Seminar Registration

Phone: 919-686-3448 Fax: 919-686-3479

Seminar Title _____

Seminar Date _____
 Durham
 Chapel Hill
 Other _____

Last Name First Name Middle Date of Birth
Initial

SS# Home Address

City State Zip + #4

Business Name _____

Business Address _____

() _____ () _____
Day Telephone Home Telephone Email Address

Additional Seminars

Title Seminar Date Location

Title Seminar Date Location

Title Seminar Date Location

SEMINAR(S) FEE(S) \$ _____

Check **Mail Completed Form and Check to:** **Durham Technical Community College
Small Business Center
411 W. Chapel Hill Street, 6th Floor
Durham, NC 27701**

Cash **Completed in person.**

Credit Card
 Visa
 Master Card Expiration Date _____
Card No. _____

**If paying by credit card,
registration form may be
faxed to 919-686-3479
or mailed to above
address.**

Signature (**Required to Register**) Date (**Required to Register**)