



SMALL BUSINESS TOUR

Grand Rapids



Mail form to:

MI-SBTDC c/o Joanne Fowler
Grand Valley State University
401 W. Fulton 284C
Grand Rapids, MI 49504

E-mail to: fowlerjo@gvsu.edu

Fax form to: (616) 331-7195

EVENT HELD ON:

Thursday, February 25th
9:30AM or 10:45 AM

SPACE
WILL BE
LIMITED

COMPLETE FORM BY FEBRUARY 18, 2010

Tell us about your business -

Business Name: _____

Owner Name(s): _____

Address: _____ City: _____ ZIP: _____

Phone: (____) _____ - _____ FAX: (____) _____ - _____ E-mail: _____

Business Structure: Sole Proprietorship Partnership Corporation LLC Non-Profit Home-Based

Number of Employees: _____ Full-time _____ Part-time Number of Years in Business: _____

Appointment Time Preference: 9:30 AM 10:45 AM

Briefly describe your business: _____

Describe your needs -

CONSULTING ASSISTANCE

Business Planning Marketing Insurance Staffing Other: _____

FINANCING

Equipment Real Estate Inventory Working Capital

Refinancing Debt Restructuring Contract Consolidation

Other (explain): _____

GOVERNMENT or OTHER CONTRACTING

Federal State City / County Certification

Please confirm your participation by faxing this request form to Joanne Fowler at (616) 331-7195 or by e-mailing this form to fowlerjo@gvsu.edu no later than Thursday, February 18.