

EC Registration Form

TO REGISTER, mail this form with workshop fees* in cash, check or money order (made payable to University of Hartford) to:

The Entrepreneurial Center, 50 Elizabeth Street, Hartford, CT 06105-2280

If you prefer, you may pay by credit card:

___ MasterCard ___ VISA ___ Discover ___ AMEX

Account number: _____ Expiration date: _____

Authorized signature _____

Please provide the following information:

Name _____ Home Phone (____) _____

Street _____ Work Phone (____) _____

City, State, Zip _____

E-mail _____

How did you hear about The Entrepreneurial Center? _____

Please register me for the following workshops:

Is Self-Assessment for Me? Part 1 Date _____ Part 2 Date _____ Time _____ Fee \$ _____

Workshop: _____ Date _____ Time _____ Fee \$ _____

Workshop: _____ Date _____ Time _____ Fee \$ _____

Workshop: _____ Date _____ Time _____ Fee \$ _____

Total fees* enclosed: \$ _____

** Low-income Hartford residents may have workshop fees waived when proof of residency and income provided.
Contact us at (860) 768-5681 or entrectr@hartford.edu for more information.*