



Serving the Emergent Market Series Registration Form

Interested in participating? Please fill out ALL of the following information, to the best of your ability. This will help us and our consultants create a program that works for your needs, and will help us place you with one-on-one counseling after the workshop series is finished.

CONTACT INFORMATION

Name:	
Job Title:	
Email:	
Phone:	

If you are the business owner, are you a resident of Prince George's County? Yes No

BUSINESS INFORMATION

We are required to collect this information for grant reporting purposes. This information will ONLY be used for grant reporting purposes and never given out publicly.

Business Name:	
Business Address:	
DUNS #:	
No. of Employees:	
No. of Employees who are Prince George's County Residents (full or part time):	

How Can We Assist You?

- Taxes/Accounting Legal Issues Insurance
 Financial Counseling Marketing Operations Management
 Other: _____

What is Your Availability?

- Weekdays before 5 pm Weekdays after 5 pm Weekends
 Other: _____

Please email completed form to Molly O'Connell: moconnell@hyattsvillecdc.org