



# Conference Registration Form

## Regional Renaissance...

### Transforming Communities through Entrepreneurial Activity

#### 3<sup>rd</sup> Annual Entrepreneurship Conference 2008

Hosted By  
The Trident Initiative at Frostburg State University (a Coleman Foundation Grant Initiative)  
&  
The Western Maryland SCORE Chapters in Hagerstown and Cumberland

**Thursday, September 25, 2008 and Friday, September 26, 2008**  
**University System of Maryland Center at Hagerstown (USMH)**

#### Registrant Information

Name \_\_\_\_\_  
Postal Address \_\_\_\_\_  
City /State/ Zip Code \_\_\_\_\_  
Daytime Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_  
Email \_\_\_\_\_  
Company / Institution Name \_\_\_\_\_  
 Owner  Manager  Supervisor  Government (Federal State Local)  Faculty  Student  Other \_\_\_\_\_

**I will be attending:**

**Day 1:** September 25     Breakfast                       Lunch                       Networking Reception  
**Day 2:** September 26     Breakfast                       Awards Luncheon

Do You Need a Display Table?  No  Yes    On which days?                       Thursday - Sept 25                       Friday – Sept 26  
Are any special accommodations needed?  No  Yes    If yes, please describe \_\_\_\_\_  
Do you need transportation from Frostburg to the Conference?  No  Yes    On which days?  Thursday/Sept 25  Friday/Sept 26  
Do you have any special dietary requests?  No  Yes    If yes, please describe \_\_\_\_\_  
How did you hear about this Conference?  Newspaper advertisement  E-mail  Web site  Word of Mouth ? Other \_\_\_\_\_

#### Registration and Payment Information

**Conference Registration Fee: \$50.00** (Includes all Conference Materials and Meals)

**Make Your Registration Fee Payable To: Frostburg State University Foundation - Trident**

Registration is not complete until we receive your payment. Upon completion of registration, you will be contacted by one of our Conference representatives. Cancellations must be in writing and received 7 business days prior to the Conference for a full refund. After that time, no refund request will be accepted, but you may send another individual in your place.

**Please Complete this Form and Mail (or Fax) to:**

**Amanda Johnston (Fax: 240-527-2715)**  
**University System of Maryland Center at Hagerstown (USMH)**  
**32 West Washington Street**  
**Hagerstown, MD 21740**

OR

**The Trident Initiative (Fax: 301-687-4405)**  
**Frostburg State University**  
**Guild Center Room 009**  
**Frostburg, MD 21532**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For staff use only**  
Mail registration                       Walk-in registration   
Payment of \$50 made in:  Cash                       Check # \_\_\_\_\_                       Money order # \_\_\_\_\_  
Authorized by \_\_\_\_\_ Date \_\_\_\_\_