



**Competition Registration Form**  
**Own Your Tomorrow**  
**2011 Entrepreneurship Business Plan Competition**

May 4, 2011 – 5:30 p.m. to 8:30 p.m.

Cordts Physical Education Building – Leake Room

**Registrant Information**

Name \_\_\_\_\_

Postal Address \_\_\_\_\_

City /State/ Zip Code \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_

Company / Institution Name \_\_\_\_\_

Email \_\_\_\_\_

- Owner    Manager    Supervisor    Government    Faculty    Student  
 Speaker/Presenter    Other \_\_\_\_\_

Name of Business/Presentation: \_\_\_\_\_

Do You Need a Display Table?    No    Yes

Are any special accommodations needed?    No    Yes   If yes, please describe \_\_\_\_\_

\_\_\_\_\_

How did you hear about this Conference?    Press Release    E-mail    Web site

Word of Mouth    Other \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_