



B.E.S.T.

Numbers Accelerator

Business Entrepreneurial Stewardship Training

ENTERPRISER REGISTRATION

Name _____ Date _____
Street Address _____
City / State / Zip _____
Telephone No. _____ Cell No. _____ Fax No. _____
E-Mail _____ Text? Yes No

Session Enrollment Date _____ Business Start Date _____
Type Of Business _____
Business Name _____

1. Describe your current business or proposed enterprise in 50 words or less. (If uncertain, describe general idea for your product or service.)

2. Is your business (check one) Local? Regional? Global / International? Franchise?

3. Who are your major or target customers?

4. Have you owned and operated a business before? Yes No If yes, please explain.

5. Is it a priority for you to own and operate a business and to create employment? Yes No
If no, please explain why.

6. How does your immediate family (spouse, children, etc.) feel about your owning and operating a business?

7. How much working capital does your business need to achieve growth to the next stage and what are its uses?

8. Describe two or three of your milestones which you feel may be accomplished with access to working capital.

9. Is your business (check one) Office/Storefront? Retail? Home-Based? Internet?

10. Have you taken business courses or seminars during the last five years? Yes No
 If yes, what were they and when? _____

11. What is your business revenue history? _____

What was your best year for operation? Fiscal Year: _____
 (check one) Under \$50,000 \$50,000 - \$100,000 \$100,000 - \$250,000
 \$250,000 - \$500,000 \$500,000 - \$1,500,000 Other **

** If other, please share range _____

12. What devices or technology will you use to access the BEST Numbers Accelerator Webinars?

iPad iPhone Android Tablet Android Phone PC Laptop MacPowerbook

If none of the above, which devices will you use? _____

13. What are your expectations of the BEST Numbers Accelerator in helping you as a successful entrepreneur?

14. How did you first hear about the BEST Numbers Accelerator Program? (check one)

<input type="checkbox"/> BEST Alumni	<input type="checkbox"/> Friend or Relative	<input type="checkbox"/> Website / Internet Search
<input type="checkbox"/> Social Media	<input type="checkbox"/> Radio / TV	<input type="checkbox"/> Blog
<input type="checkbox"/> BEST Brochure or Flyer	<input type="checkbox"/> Podcast	<input type="checkbox"/> Professional Referral
<input type="checkbox"/> Newspaper	<input type="checkbox"/> E-Mail Blast	<input type="checkbox"/> Other

Signature _____ Date _____

Return this Application with your Letter of Introduction via U.S. Mail, fax or e-mail PDF to attention:



BEST Numbers Accelerator Candidate
 Post Office Box 241527
 Los Angeles, California 90024
 310.853.3326 or Fax 208.693.1463
 E-Mail: BEST1Genesis@gmail.com



Thanks very much for registering! We'll look forward to seeing you at the Webinar Series! Much Success!