



Excellence in Entrepreneurship Certificate Course

June 21, 2005 – July 14, 2005 from 6-9 pm
Disney/SBA National Entrepreneur Center
315 East Robinson Street, Orlando
www.floridanec.org

Name _____
Title _____
Organization _____
Business Phone (_____) Fax (_____)
Mailing Address _____
City _____ State _____ Zip _____
Email Address _____

- \$ 395 (first registrant from company)
- \$ 195 (additional registrant from company; a separate registration form is required for each individual from the company)

Registration fee covers seven-evening workshops, instruction, course materials, refreshments and parking. Two people from each organization are urged to attend.

Return registration and payment (check made payable to UCF Technology Incubator) by June 15, 2005 to:

Mail to: **Excellence in Entrepreneurship** Fax to: (407) 737-2512
UCF Technology Incubator
12565 Research Parkway, Suite 300
Orlando, FL 32826

You will receive notification of course confirmation upon receipt of your registration. Please contact us at (407) 882-0202 or email Laura Giffin (lgiffin@mail.ucf.edu) with questions.

For more information on the UCF Technology Incubator visit: www.incubator.ucf.edu

Thank you! We look forward to seeing you in class!