



2016 8(a) ANNUAL RETREAT

SBA Business Development Conference

When: Thursday, July 21, 2016

Where: Southern University in New Orleans, Conference Center
6400 Press Drive, New Orleans, LA 70126

Time: 7:30 A.M. – 2:30 P.M. (Registration & breakfast begins at 7:30 a.m.)

Cost: \$40.00 per Person

NOTE: ***NETWORKING RECEPTION ON WEDNESDAY, JULY 20, 2016***
5:30 PM – 7:00 PM at Southern University in New Orleans, College of Business,
6801 Press Drive, New Orleans, LA 70126

PRE-REGISTRATION IS REQUIRED. Please submit the attached registration form with your payment.

Credit Card & Check payments must be received no later than July 15, 2016; after July 15th only money orders and cash will be accepted. Make checks or Money Orders payable to Xavier University.

Mail to:

Small Business Development Center
Division of Business, Xavier South
Xavier University of Louisiana
1 Drexel Drive, Box 52,
New Orleans, LA 70125

or fax credit card payment to (504) 520-7900, Attention: Lauren Polson.

SBA'S PARTICIPATION DOES NOT CONSTITUTE OR IMPLY ENDORSEMENT OF ANY OPINIONS, PRODUCTS AND/OR SERVICES. ALL SBA PROGRAMS ARE EXTENDED TO THE PUBLIC ON A NONDISCRIMINATORY BASIS. REASONABLE ARRANGEMENTS FOR PERSONS WITH DISABILITIES WILL BE MADE, IF REQUESTED AT LEAST 2 WEEKS IN ADVANCE, BY CALLING (504) 831-3730.

Co-Hosted by Louisiana Small Business Development Center Network and Southern University in New Orleans, College of Business and Public Administration



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REGISTRATION FORM

Name: _____

Company: _____

Address: _____ City/State/Zip: _____

Phone: _____ Cell: _____ Fax: _____

EMAIL: _____

Number people attending _____ at \$40 each = (total amount) \$ _____

Please list names of all attendees being paid for:

Method of Payment: Check _____ Money Order _____ Cash _____ Credit Card _____

*If Credit Card, Please complete the following information:

Visa _____ M/C _____ Discover _____ Am. Express _____

Card Number: _____ Exp. Date: _____ 3 digit security code _____

Name: (As it appears on card): _____

Billing Address: _____

City _____ ST _____ Zip _____

Signature: _____ Date _____

By signing this form, I authorize Xavier University to charge my account for the above mentioned amount.

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