

U.S. Small Business Administration



Your Small Business Resource

# 2017 8(a) ANNUAL RETREAT

**SBA Business Development Conference**

- When:** Thursday, July 20, 2017
- Where:** Xavier University Convocation Annex  
7910 Stroelitz St, New Orleans, LA 70125
- Time:** 7:30 A.M. – 2:30 P.M. (Registration & breakfast begins at 7:30 a.m.)
- Cost:** \$50.00 per Person
- NOTE:** **NETWORKING RECEPTION ON WEDNESDAY, JULY 19, 2017**  
5:30 PM – 7:00 PM at Xavier University Convocation Annex

**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, 2017; after July 15<sup>th</sup> only money orders and cash will be accepted. Make checks/Money Orders payable to: Xavier University, and 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: Erik D. Waters.



Co-hosted by the Louisiana Small Business Development Center Greater New Orleans, River and Bayou Regions, The Good Work Network and the Xavier University Division of Business

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) 831-7370.

8A

/ 7-20-17

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First initial, last name

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pmt method

# 2017 8(a) ANNUAL RETREAT

SBA Business Development Conference - July 20, 2017

## REGISTRATION FORM

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax \_\_\_\_\_

EMAIL: \_\_\_\_\_

Number people attending \_\_\_\_\_ at \$50 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 \_\_\_\_\_ AMEX \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ 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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Fax credit card payment to (504) 520-7900, Attention: **Erik D. Waters**, or mail to:



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Division of Business, Xavier South  
Xavier University of Louisiana  
1 Drexel Drive, Box 52  
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