

# ENTREPRENEURIAL EXCELLENCE PROGRAM APPLICATION



Today's Date: \_\_\_\_\_

Organization/Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address (including City, State, Zip) \_\_\_\_\_

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

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Please provide a short description of your business/well-developed idea:

What is your objective in taking this course?

How Did You Hear About This Course?

Return your application to [llynch@taledc.com](mailto:llynch@taledc.com) or fax to (850) 425-1056. Your application will be reviewed and you will be contacted for a follow up meeting to determine if the program is right for your business. If you have any questions about this application or program, contact Larry Lynch at (850) 521-3111 or [llynch@taledc.com](mailto:llynch@taledc.com).