## AMIDEAST Entrepreneur Institute

## **WORKSHOP REGISTRATION FORM**

train | support | network

## **AMIDEAST**

**Start Your Own Business** 

**August 29 – December 5, 2019** 

	15 sessions: Every Thursday evening 6 - 9 PM						
	\$600						
						_	
Participant Inforn	nation						
First Name:			Middle Name:		Last Name:		
Date of Birth:				Company Name:	1		
	Day	Mont	h Year	Title:			
Address:				Home Phone:			
Mobile Phone:				Email:			
Nationality				Education: (Degree and Year)			
In which sector do you want to start a business?					1		
Please list any professional associations, groups, clubs, or organizations you belong to:							
			Payme	ent Details			
Workshop Selection Payment to b				e made:	Method	of Payment:	
☐ Start Your Own Business			☐ Individual Participant		☐ Cash		
			□ Company	Company Sponsorship		☐ Wire Transfer	
					□ Chec	:k	
Signature: Date:							

To register, please submit this form by email *no later than August 26, 2019*.

For payment facilities or partial scholarship funding, please submit this form and other required documentation *by August 22, 2019*.

Your registration will be complete upon finalizing the payment at AMIDEAST:

Bazerkan Bldg, 2<sup>nd</sup> floor, Nijmeh Square, Riad El Solh St. Beirut Downtown **Telephone:** +961 1 989901 ext.: 236 **Website:** www.amideast.org/lebanon