



INDIANA UNIVERSITY SOUTHEAST

SCHOOL OF BUSINESS

www.ius.edu/business

RESERVATION FORM

ENTREPRENEUR TRAINING WORKSHOP

Name: _____

Contact Person: _____

Co. Name: _____

Address: _____

Phone: _____

E-Mail: _____

Cost: \$ 79* and includes all materials

**Class Meets: Monday evenings September 20 – November 8
(eight session)**

Time: 5:45 p.m. – 8:45 p.m.

Location: Indiana University Southeast – University Center-- Room #122

Payment Method:

Check

Credit Card

_____ Number Attending

Total Payment: _____

Make check payable and mail to:

IU Southeast School of Business

4201 Grant Line Road – HH214

New Albany, IN 47150

Attn: Brenda Swartz

Phone: 812-941-2494

E-Mail: bswartz@ius.edu

Fax: 812-941-2672

Directions to Campus: www.ius.edu/map/index.cfm

Credit Card Information:

Visa

Master Card

Name on Account: _____

Account #: _____

Exp. Date: _____

Signature: _____