



Excellence in Entrepreneurship Certificate Course

January 20, 2009 thru February 10, 2009 from 6-9 pm

Name _____

Title _____

Organization _____

Business Phone (_____) Fax (_____)

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

- \$ 400 (first registrant from company)
- \$ 200 (additional registrant from company; a separate registration form is required for each individual from the company)

Registration fee covers seven-evening workshops, instruction, course materials, refreshments and parking. It is encouraged that at least two people from each organization attend to maximize the benefit of the course experience.

Return registration by **January 13, 2009 with payment made by check payable to UCF Research Foundation or by credit card with the following information:**

Name _____ Credit Card # _____

Exp. Date _____ CSC # _____ *(For Mastercard & Visa, last 3 #s in the signature area on the back of your card. For American Express, the 4 digit # on the front of your card.)*

Mail to: **Excellence in Entrepreneurship** Fax to: (407) 823-3299
UCF Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, FL 32826

Enrollment is limited to the first 20 registrations.

You will receive notification of course confirmation upon receipt of your registration. Please contact us at (407) 882-2296 or email Melissa Wasserman (mwasserm@mail.ucf.edu) with questions.

For more information on the UCF Incubation Program visit: www.incubator.ucf.edu

Thank you! We look forward to seeing you in class!