

Marketing Plan Challenge Registration Form

“Completed form must be submitted by 2:00pm Wednesday, September 12, 2018”

Company/Business Name: _____

Type of Business (hair salon, excavating, grocery store, trucking, etc.):

Owner/Primary Contact: _____

Business Address: _____

City/Postal Code: _____

Business # / Cell #: _____

E-mail: _____

Years in Business: (please check one)

- starting a business
- 0 to 5 years
- 6 to 10 years
- 11 to 20 years
- More than 20 years

Free training day on Wednesday, September 19, 2018: (please check one)

- Attending Name of participant: _____
Participants phone number: _____
Participants e-mail address: _____
- Not Attending

I give Community Futures East Parkland permission to share my contact information with;

- BusinessLink Signature: _____
- BP Media Works Signature: _____

Submit Completed Form By:

E-mail: bmartin@albertacf.com

Mail: Community Futures East Parkland
PO Box 250
Mirror, AB T0B 3C0

Drop Off: Community Futures East Parkland
5020 – 50 Avenue, Mirror, AB

Fax: 403-788-2199

