



CO.STARTERS™



OFFICE OF
ECONOMIC
DEVELOPMENT



Program Application

Thank you for your interest in attending CO.STARTERS! Whether you're an owner of an existing business, or you are simply exploring a start-up concept, you are welcome to apply! You will need a well-articulated description of the product or service you offer (or plan on offering) as well as a description of your consumer, client, or target audience.

* Required

Title * _____

Name * _____

Address * _____

City * _____ State * _____ Zip * _____

Phone * _____ Cell * _____

Email * _____

What is your current work status? _____

Why do you think you'd be a good candidate for CO.STARTERS? * _____

Business Concept *

Please provide a well-articulated description of the product or service you offer (or plan on offering) and a description of your consumer, client, or target audience. Brevity and clarity are appreciated!

Have you already launched your business? * Yes No

Business Name _____

Type of business _____

Including yourself, how many employees do you currently have? _____

What is your estimated average annual gross revenue? _____

How did you hear about our CO.STARTERS program? *Please select all that apply.*

- Greater Hernando County Chamber of Commerce
- Hernando Adult Education
- Hernando County Economic Development
- Facebook Twitter Newspaper Flier
- Referred by a Friend or Colleague Postcard / Mail Other _____

I do hereby give permission to the Greater Hernando County Chamber of Commerce, Hernando Adult Education, CO.STARTERS/ The Company Lab, its agents, and others working under its authority, full and free use of video/photographs containing my image/likeness. I understand these images may be used for promotional, news, research and/or educational purposes. I hereby release, discharge, and hold harmless the above parties and its agents from any and all claims, demands, or causes of action that I may hereafter have by reason of anything contained in the photographs or video. I do further certify that I am either of legal age, or possess full legal capacity to execute the foregoing authorization and release. * _____ **I Agree**

I understand that this program does not guarantee that I will be successful in my business. Furthermore, the benefits gained from participating in CO.STARTERS are a result of time, energy and dedication to the training program, and thus are not based solely on the completion of the coursework. I further understand and authorize CO.STARTERS/ The Company Lab to provide applicable information to the assigned management counselor(s). I understand that any information released to be held in strict confidence by him/her. No person will be excluded from participation in or otherwise subjected to discrimination in regard to services, programs and employment provided by CO.STARTERS/ The Company Lab based on race, sex, color, national origin, sexual orientation, disability, age or religion.

* _____ **I Agree**

Signature

Date

Submit completed application with payment to:

Patricia Crowley, President CEO
Greater Hernando County Chamber of Commerce
15588 Aviation Loop Dr
Brooksville, FL 34604
352-796-0697 / 352-796-3704 (fax)
pat@hernandochamber.com

To register online visit: <http://business.hernandochamber.com/events/details/co-starters-18639>