



BUENA VISTA, CLAY, DICKINSON & EMMET COUNTIES



Kauffman FastTrac NewVenture Registration Form

NewVenture is a 9-week, 30-hour entrepreneurial training program that provides the tools to develop your business concept, determine the viability of the business, and outlines the critical steps to a successful business launch.

NewVenture will start Tuesday, Sept. 21, from 6:30-9:30 p.m. at Iowa Central Community College, 916 N Russell, room 15, in Storm Lake. There will be two sessions the first week: Sept. 21 and 23. The classes will be held on Thursdays thereafter.

Course outline (presented in 10 three-hour sessions):

- Explore Entrepreneurship
- Identify & Meet Market Needs
- Create Actionable Business Plan
- Evaluate Business Finances
- Plan Product and/or Service
- Market Analysis
- Organization and team
- Profit planning
- Cash flow/funding
- Implementation

Name (full): _____

Title: _____

Organization: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Primary telephone: _____

Secondary telephone: _____

Email address: _____

Please provide additional information on the next page

FastTrac Attendee Information

Please provide the following background information so that the FastTrac program can be tailored to meet your specific requirement.

Name:

Describe your business and/or list new venture that you are considering:

Describe your practical employment-related experience:

Describe your educational background:

List specific skills and competencies learned on the job or through recreational activities:

List specific problems or challenges affecting your business or career development:

Please share any concerns or apprehensions regarding your participation in this program:

List the specific benefits that you expect to gain from completing the FastTrac program:

Program Cost: \$ 325

NOTE: The participant must attend at least 7 of the 10 sessions to be awarded a Certificate of Completion.

Method of Payment: AMOUNT TO BE CHARGED TO YOUR CREDIT CARD: _____

Credit Card (please indicate "Visa" or "MasterCard"): _____

Card Number: _____ Expiration date: _____

Name of Cardholder: _____

Please submit the completed form via Fax, Email or US Postal Service to:

**Iowa Lakes Corridor Development Corp,
1900 Grand Avenue North, Suite E12, Spencer, Iowa 51301**

FAX: 712-580-3472 **Voice:** 712-264-3474

Email: jfollon@lakescorridor.com