



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? * _____

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, 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 Company Lab 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 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 The Company Lab based on race, sex, color, national origin, sexual orientation, disability, age or religion. * _____ **I Agree**

Signature

Date

Remember: We cannot reserve your space until your registration has been paid in full.

Submit completed application to:

*Patricia Crowley, President CEO
Greater Hernando County Chamber of Commerce
pat@hernandochamber.com*