

2024 HBCU/MI ENTREPRENEURSHIP AND INNOVATION

April 18-21, 2024

Westin Peachtree Plaza Hotel, Atlanta, GA

MENTOR FOR ENTREPRENEURS REGISTRATION FORM

(One form per person)

Name: _____ Gender: _____

Home Address: _____ City: _____ State _____ Zip _____

Cell Telephone: _____ E-mail: _____

Do you have any special need? _____

Are you fully available for April 17-21, 2024: Yes _____ No _____

Are you an Entrepreneur? Yes _____ No _____

Have you ever served as a mentor to any Startup/Small Business before? Yes _____ No _____

Education and Experience:

Highest Degree Earned: _____ Major: _____

Name of Institution: _____ Year of Graduation: _____

Current Employer: _____ Name of Supervisor: _____

Supervisor's Email: _____ Cell: _____

Previous Employer: _____ Name of Supervisor: _____

Supervisor's Email: _____ Cell: _____

Have you ever been convicted of any crime? YES: _____ NO: _____

Do you have a driver's license? NO _____ YES _____ Number: _____ STATE: _____

Briefly describe your expertise: _____

What way you will be able to contribute most to the students? _____

What way you will be able to contribute most to the program? _____

I confirm that all the above information is true. I am giving my consent to HBCU/MI Entrepreneurship and Innovation that HBCU/MI-EI will be able to use any photographs and video footage from this event for the organization and sister units.

Signature (Type your name): _____ Date: _____