

2025 HBCU/MI ENTREPRENEURSHIP AND INNOVATION

April 10-13, 2025

Westin Hotel, Atlanta, GA

HBCU/MI TEAM REGISTRATION FORM

(One form per Team)

**** Please include only those names who will be attending the program in Atlanta.***

Name of Educational Institution: _____

Address: _____

City: _____ State _____ Zip _____

Name of Student Team Members:

1. Team Leader: _____ Cell#

2. _____ Cell#

3. _____ Cell#

4. _____ Cell#

5. _____ Cell#

Business Plan Brief Summary with Business Name:

Name of Main Faculty Advisor: _____

Cell Telephone: _____ E-mail: _____

Name of the Dean: _____

Cell Telephone: _____ E-mail: _____

Name of the President/Chancellor: _____

Cell Telephone: _____ E-mail: _____