

**Small Business Centre  
Professional Advisory Services**



return by email: [info@sbcentre.ca](mailto:info@sbcentre.ca)  
return by fax: 519-659-7950

**Assistance Required:**

Accounting  Legal  Online Presence

NOTE: Fill out **ONE copy** of the following **Participant Information Sheet**  
Fill out a **Participant Question Sheet** for *each session* you've signed up for.

**Participant Information Sheet**

Participant Name: \_\_\_\_\_ Sex:  Male or  Female  
Address: \_\_\_\_\_ Age Group:  Under 30  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  30-50  
Phone: \_\_\_\_\_  Over 50

**Business Information:**

Business Status:  Currently Operating: Business name: \_\_\_\_\_  
 Investigating Possible Start-up  
 Planning start up within 3 months (maximum)

Business Type:  Service  Retail  Manufacturing  
Describe: \_\_\_\_\_

Employees: How many employees, other than yourself do you presently have, if started? Or  
plan to start with if not yet operating.  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Investment: How much money will you be investing/have you invested in your business?  
 Less than \$5000  5-9,999  10-14,000  15-19,999

Sales: If you are currently operating, what are you total estimated sales for the next 12  
month period?  
 Under \$25,000  25-99,999  100-249,000  249-499,999  500,000+

Business  
Registration:  Sole Proprietor  Partnership  Incorporation

**Have you previously engaged the services of:**

Lawyer:  Yes  No  N/A  
Accountant:  Yes  No  N/A  
Web designer/developer:  Yes  No  N/A

**\*\*Complete the following if you are signing up for an Online Presence Consultation:**

Computer Experience:  Limited  Basic  General  Advanced  
Web site: \_\_\_\_\_  Live  Under construction  
Maintenance: Do you maintain/plan to maintain your own site?  Yes  No  
Online Sales: Do you sell/plan to sell items on your web site?  Yes  No

