



CARROLL GARDENS ASSOCIATION, Inc.

ENTREPRENEUR ASSISTANCE PROGRAM

BUSINESS PLAN BASICS

REGISTRATION FORM

Name: _____

Name of Business: _____

Address: _____

Office Phone Number: _____

Cell Phone Number: _____

Email Address: _____

*Give us a call at (718) 243-9301 to Register
You could also Fax this Registration Form to (718) 243-9304
Email: info@carrollgardensassociation.com*