

## MicroBusiness Program

# REGISTRATION

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NAME

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ADDRESS

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PHONE [home]

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PHONE [work]

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PHONE [cell]

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EMAIL

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REQUESTED SESSION (SESSION # & DATES)

Please give a brief reason why you would like to take part in the **MicroEnterprise Program** and what you hope to get out of taking this class.

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### Questions?

Call Willamette Neighborhood Housing Services at **541.752.7220** or **800.403.0957** or email your questions to [class@w-nhs.org](mailto:class@w-nhs.org).

Fax your completed registration form to **541.752.5037** or mail it with your payment to:

Willamette Neighborhood Housing Services  
257 SW Madison Ave, Suite 113  
Corvallis, OR 97333