



**BCC Regional Small Business Development  
and  
Defense Economic Transition Assistance Centers**

in conjunction with

Economic Development Commission of Florida's Space Coast  
Brevard Small Business Assistance Council  
Northrop Grumman Corporation

announce

**4<sup>th</sup> Annual Veteran's Conference**

**Featuring Straight Talk About Government Contracting**

**Thursday, November 18, 2004 – 8 am – Noon**

**King Center for Performing Arts Rotunda  
BCC Melbourne Campus  
3865 N. Wickham Road**

- **Expand Markets • Meet Veteran Business Advocates • Gain Valuable Insights from Keynote Speakers • Meet Individually with Small Business Liaison Officers and Certified Business Counselors**

**Registration fee: \$30 to include breakfast, workshops and materials.**

To register, please use the form on the reverse of this flyer or online at [www.bcctraining.com](http://www.bcctraining.com).

Mail form with payment to:  
Brevard Community College  
Small Business Development Center  
Attn: Vicky Peake  
3865 N. Wickham Road  
Melbourne, FL 32935

OR  
Fax the form with credit card payment to:  
BCC-SBDC  
Attn: Sandy Pfrimmer  
Fax: 321-433-5708

For more information please contact Sandy Pfrimmer or Vicky Peake  
433-5570 or 433-5573 email [pfrimmers@brevardcc.edu](mailto:pfrimmers@brevardcc.edu) or [peakev@brevardcc.edu](mailto:peakev@brevardcc.edu)



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## Non-Credit Registration Form

1. Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 2. Birth Date \_\_\_\_\_ 3. Sex  M  F  
 4. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle/Maiden \_\_\_\_\_  
 5. Street \_\_\_\_\_  
 6. City/State \_\_\_\_\_ 7. Zip \_\_\_\_\_ 8. Home Phone \_\_\_\_\_  
 9. Work Phone \_\_\_\_\_ 10. Cell Phone \_\_\_\_\_ 11. Email \_\_\_\_\_

The following information is requested for statistical purposes and to report in compliance with State and Federal regulations.

- |   |   |
|---|---|
| 12. High School Diploma<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><br>13. Veteran Code<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> Veteran | 14. Ethnic Group<br><input type="checkbox"/> A-Asian or Pacific Islander<br><input type="checkbox"/> B-Black/Not of Hispanic Origin<br><input type="checkbox"/> H-Hispanic<br><input type="checkbox"/> I-American Indian or Alaskan Native<br><input type="checkbox"/> W-White/Not of Hispanic Origin<br><input type="checkbox"/> Other _____ |
|---|---|

Any applicant with a disability who requires assistance or reasonable accommodations may contact the Office for Students with Disabilities at the following locations:

**Cocoa Campus**—433-7295  
**Melbourne Campus**—433-5650  
**Palm Bay Campus**—433-5173  
**Titusville Campus**—433-5598  
**Hearing Impaired**—1-800-955-8770 (Voice) or  
 1-800-955-8771 (TTY)

### COURSE INFORMATION

CRN #	COURSE TITLE	DAY	TIME	BLDG	ROOM	FEE	START DATE
86546	Brevard Veteran's Conference	Thursday	8-12	King Center	Rotunda	\$30.00	Nov 18,, 2004
						TOTAL	\$30.00

**STUDENT CERTIFICATION:** I declare under penalty of perjury punishable by law as a misdemeanor under Section 837.06, Florida Statutes, that the foregoing is true and correct. I will not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance during enrollment at Brevard Community College according to the College's Drug-Free Policy. I agree to abide by all regulation of the College and the laws of the State of Florida.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**Refund Policy:** To receive a refund for a non-credit course, a student must submit a refund request in writing at least three business days prior to the start of the class. No refunds will be issued after that period.

### Credit Card Authorization Form

If paying by credit card, please fill out the following information: Amount \$ \_\_\_\_\_  MasterCard  VISA

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

I authorize Brevard Community College to charge my credit card for the amount indicated above.

\_\_\_\_\_  
Signature