



**ENTERPRISE & EMPOWERMENT
FOUNDATION
OF NORFOLK STATE UNIVERSITY**

Developer Symposium Registration Form April 19th - 20th, 2005

Company Name:		
Address (Line 1):		
Address (Line 2):		
City:	State:	Zip Code:
Telephone:		Fax:
Company URL:		
Contact Name:		
Contact Title:		
Email:		
Address (Line 1):		
Address (Line 2):		
City:	State:	Zip Code:
Telephone:		Fax:
Date Desired: April 19 or April 20 (Please Circle)		Desired Time (Provide three times):

NOTE: Dates and specific time slots will be assigned on a first-come first-served basis; however, every effect will be made to accommodate your preference.

Email completed registration form to: Shelley M. Thomas, smthomas@nsu.edu