

ENTRECON® AWARDS APPLICATION

Name _____ Email _____
Company Name _____ Phone _____
Mailing Address _____ City, State, Zip _____
Website _____ Year Established _____
Number of Employees _____ Annual Revenue _____

Award Category:

What is your company's mission statement?

Do you participate in Studer Community Institute's training opportunities? Yes No

• If yes, select the programs you participate in:

- Live Training EntreCon® Accelerate Roundtable On-Demand Training
 Custom Training Leader Certification

• If no, what training opportunities do you participate in or offer your employees?

In the space below, please tell us your story and why you should be considered for an EntreCon® Award. Refer to the category description on the EntreCon® website and align your response with the requirements: