



Tate Center for Entrepreneurship  
Franchise Management Certificate Program  
October 24-26, 2007  
Registration



Name \_\_\_\_\_

Title \_\_\_\_\_

Business \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_

Early Tuition Fee \_\_\_\_\_ \$650 per person

Late Tuition Fee \_\_\_\_\_ \$750 (After October 1, 2007)

Total Payment \$ \_\_\_\_\_

I am a potential/current franchisee \_\_\_\_\_. Company \_\_\_\_\_ (optional)

I am a potential/current franchisor \_\_\_\_\_. Company \_\_\_\_\_ (optional)

**Method of Payment:**

\_\_\_\_\_ Check \_\_\_\_\_ Credit Card (payable to the Tate Center for Entrepreneurship)

**Credit Card Information:**

Card #: \_\_\_\_\_

\_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express (circle one)

Name: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CID #: \_\_\_\_\_

Billing Phone #: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return with payment to:

Lisa O'Beirne, Tate Center for Entrepreneurship, School of Business and Economics,  
College of Charleston, 5 Liberty Street, Charleston, SC 29401, obeirnel@cofc.edu,  
(843) 953-6622 (voice), (843) 953-7633 (fax)