



Story Submission

Name: _____ Date: _____

Title: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Website: _____

Business Phone Number: _____ Home Phone: _____

What Center for Women & Enterprise/VBOC location have you visited for programs and/or services? *Please check all that apply and note the year(s) attended.*

- Boston, MA
 Burlington, VT
 Nashua, NH
 Providence, MA
 Westborough, MA
 Other _____

Dates and Programs Attended: _____

Please answer all the questions below. If you need more room than is allowed on this sheet please do not hesitate to provide additional pages.

Have you launched your business? Yes No

If yes, when did you launch your business? _____

Current Number of Employees: _____ Full time _____ Part-time

- Gross Sales last Calendar Year:
- Less than \$24,999
 - \$25,000 to \$99,999
 - \$100,000 to \$249,999
 - \$250,000 to \$499,999
 - \$500,000 to \$999,999
 - \$1 million to \$9,999,999

