



# The True Dreams Showcase® Registration Form

Cobb Galleria Centre, Atlanta, GA • September 6-7, 2013

Please print clearly and answer all questions – one form/fee per proposal. You must be 21- years-old to register.

## PERSONAL INFORMATION

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/Apt/PO Box City, State Zip Code

Telephone number and email address: \_\_\_\_\_

Are you eligible to work in the United States? Yes \_\_\_ No \_\_\_

Have you been convicted of or pleaded no contest to a felony within the last five years? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

## BUSINESS INFORMATION

Do you have an existing business? Yes \_\_\_ No \_\_\_

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

If “yes,” what type of business and how will you use the funds? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If “no,” please share your business idea and the resources you need \_\_\_\_\_

\_\_\_\_\_

Have you applied for and been granted a business loan? Yes \_\_\_ No \_\_\_ How much was requested? \_\_\_\_\_

## REGISTRATION FEES ARE NON-REFUNDABLE

Pre-Register: \$97.00  At the Door - \$137.00

*Fees can be paid by money order or certified check and mailed to WOD/True Dreams, LLC, P.O. Box 290663, Columbia, SC 29229, and received NO LATER THAN September 1, 2013. Payments can also be made at [www.truedreamsshowcase.com](http://www.truedreamsshowcase.com).*

### Rules and Regulations:

- 1) All funds obtained from True Dreams, LLC, must be used to START or EXPAND a business within one (1) year.
- 2) Funds **CANNOT** be used to pay-off existing loan debt, personal debt, hospital debt, or other financial obligations.
- 3) Winner(s) **must** adhere to all True Dreams rules and regulations or you will be disqualified.

**Pre-registration is preferred. At the door, a registration and check-in line will be available and we will only accept CASH, DEBIT, or CREDIT CARDS – No Exceptions! REGISTRATION FEES ARE NON-REFUNDABLE.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

True Dreams, LLC, Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*How did you learn about the True Dreams Showcase®?*

\_\_Radio\_\_TV\_\_Email\_\_Flyers\_\_Facebook\_\_Twitter\_\_LinkedIn\_\_Pinterest\_\_Internet search\_\_Billboard  
\_\_Atlanta Special Event (vendor table)\_\_Local organization (name\_\_\_\_\_)



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