



EDUCATIONAL PROGRAM APPLICATION

Course Name: _____

Course Date: _____

Name of Applicant: _____

Job Title: _____

E-mail Address: _____

Telephone Number: _____ Facsimile: _____

Name of Applicant's Firm: _____

Main Office Address: _____

Business Certification (A copy of certification letter shall accompany this Application)

SBE/AE SBE/CONS SBE/GS

MDX Certified Local Business Non-Certified Business

Types of Services/Goods provided by Applicant:

Describe benefit of the course to the Applicant:

MDX reserves the right to reject any application for any reason, at its sole discretion. Applications are considered on a first-come, first-serve basis. Courses have limited space capacity. Limit of 2 applications per firm per course. Firm must identify first choice for attendance. MDX will register the first choice and place the second application on a waiting list. Please fill out one application per attendee per course.

COMPLETED APPLICATIONS SHALL BE E-MAILED TO MDX4Business@mdxway.com