



CEED

Centre for Entrepreneurship
Education and Development

Request For Free 30 Minute Consultation

Your Name: _____
(First, Last)

Your Community: _____
(Ex. Halifax, New Minas, Sydney)

Your Phone Contact: _____
(Cell Phone #)

Your Email Contact: _____
(Email Address)

Business Name Registered:

Business Name: _____
(If applicable)

Yes No NA

Which of the following best describes your current position?

How would you prefer to meet?

Just starting out and only have an idea

In Person Halifax *(CEED Office)*

Made the leap and started making sales

In Person Sydney

Have been open for business for months/years

Online *(Requires computer with camera/speakers/mic)*

Please tell us why you would like to meet and what guidance/support you hope to receive.

Please tell us how you heard about CEED.

Please return your completed form by email to **info@ceed.ca** or by fax to **902.482.0291**.

We will contact you within 2 business days to schedule your consultation.

CEED.CA

Suite 225, 7071 Bayers Road, Halifax, NS B3L 2C2
902.421.2333 | info@ceed.ca

For CEED Use

Request Form Received: _____
(YYYY,MM,DD)

Consultation Date: _____
(YYYY,MM,DD)

Consultation Time: _____

Arranged By: _____

Consultation Conducted By: _____

Notes:

CEED Consultant Signature: _____