STATE OF ILLINOIS
COMPTROLLER
JUDY BAAR TOPINKA

POWER PROGRAM REGISTRATION FORM

Today's Date:					
BUSINESS OWNER INFORMATION					
Last Name:	First Name:	Middle:	❑ Mr. ❑ Mrs.	❑ Ms. ❑ Miss	
Business Street Address:		Mobile Phone:			Business Phone:
P.O. Box:	City:		State:		Zip Code:
Name of Business:					
Brief Description of Business: Email Address:					

POWER PROGRAM INFORMATION					
What programs interest you?	☐ Entire Program ☐ Business Workshops		☐ Certification Preparation ☐ Ongoing Support		
How long has your business been in operation?					
❑ Thinking about creating a new business	❑ Start-Up	❑ 2-4 Years	❑ 5 to 10 Years	❑ 10+Years	
Additional Comments:					

Signature of Owner

Date

Submit