

Event Name 12.7.17	Tickets	First Name	Last Name	Email Address
Instagram for Beginners	✓ 1	Nancy	Brletic	nancy@simplelifefarmabacas.com
Instagram for Beginners	✓ 1	Shalai	McCoy	thetettinplaceidaho@gmail.com
Instagram for Beginners	✓ 1	Randy	Valley	rvalley2@msn.com
Instagram for Beginners	1	Connie	Clark	connieclarkc21@gmail.com
Instagram for Beginners	✓ 1	Lynlee	Lord	chamber@mountainhomechamber.com
Instagram for Beginners	1	Joe	Stull	jostull@hotmail.comv
Instagram for Beginners	✓ 1	Beth	DeVore	lbdevore@hotmail.com Services Org.
Instagram for Beginners	✓ 1	Nikkita	White	kbn2gether@gmail.com Community
Instagram for Beginners	✓ 1	Alain	Issac	alain@lanesappl.com
Instagram for Beginners	1	John	Glerum	jglerum@boisestate.edu
Instagram for Beginners	1	Courtney	Lewis	CLewis@mountain-home.us
Instagram for Beginners	1	Paula	Riggs	PRiggs@mountain-home.us
Instagram for Beginners	✓ 1	Chris	DeVore	devore03@msn.com
Instagram for Beginners	✓ 2	Barb and Roger	Fogleman	bafogleman@msn.com Leadestake
Instagram for Beginners	1	Dorain	Bernie	dmbernier4880@gmail.com
Instagram for Beginners	✓ 1	Taylor	Neveu	tneveu@mountain-home.us

Gov. Alex created to help small business

SBA Training Registration

Name: Chris DeVore, Mountain Home Arts Council Address: 845 N 7 E

(PLEASE PRINT)
Telephone (H) (208) 598-5548 (B) (208) 597-3706 Fax: N/A

City: Mountain Home Arts Council State: ID County: Elmore ZIP: 83647

E-mail: mh-arts@guestoffice.net

RACE (Mark one or More)

Native American or
Alaskan Native ☐
Asian American ☐
Black or African American ☐
Native Hawaiian or other
Pacific Islander ☐
White ☒
Do not wish to respond ☐

Ethnicity:

Hispanic Origin ☐
Not of Hispanic Origin ☒
Do not wish to respond ☐

Do you consider yourself
a person with a disability?

Yes ☐
No ☒

Business Owner Gender:

Male: (50+%) ☒
Female: (50+%) ☒
Male/Female (50/50%) ☐

Veteran Status:

Veteran ☐
Service Connected Disabled Veteran ☐
Disable Veteran ☐
Non-Veteran ☒

Currently
in Business?

Yes ☒ No ☐

If you are in Business, Please Complete the Following:

Home-based-business? Yes ☐ No ☒
Business started on - (Mo. - Year) July/1977
Do you conduct business online? Yes ☒ No ☐

BUSINESS TYPE:

Retail ☐ Other Non-profit
Service ☒
Wholesale ☐
Manufacturing ☐
Construction ☐

HOW DID YOU LEARN OF THESE SERVICES? (Check all that apply)

Word of mouth ☒
Newspapers ☐
Internet ☐
Television ☐
SBA ☒
Other Economic Development, City + MH

Bank ☐
Chamber of Commerce ☒
Radio ☐
Magazine ☐

Is Your Business SBA Certified?

HUBZone Yes ☐ No ☒
SDB Yes ☐ No ☒
(Small Disadvantaged Business)

Signature: Chris DeVore

Date: 12/7/17

SBA Training Registration

Name: Paula Riegg Address: 150 S 3 E

Telephone (H) 208-599-8446 (B) 208-587-2173 Fax: _____

City: Mountain Home State: ID County: Elmore ZIP: 83647

E-mail: priggs@mountain-home.us

RACE (Mark one or More)

Native American or
Alaskan Native _____
Asian American _____
Black or African American _____
Native Hawaiian or other
Pacific Islander _____
White ☒
Do not wish to respond _____

Ethnicity:

Hispanic Origin _____
Not of Hispanic Origin ☒
Do not wish to respond _____

Do you consider yourself
a person with a disability?

Yes _____
No ☒

Business Owner Gender:

Male: (50+%) _____
Female: (50+%) _____
Male/Female (50/50%) _____

Veteran Status:

Veteran _____
Service Connected Disabled Veteran _____
Disable Veteran _____
Non-Veteran ☒

Currently
in Business?

Yes ☒ No ☒

If you are in Business, Please Complete the Following:

Home-based-business? Yes ☒ No _____
Business started on - (Mo. - Year) 2016
Do you conduct business online? Yes _____ No ☒

BUSINESS TYPE:

Retail _____ Other _____
Service ☒
Wholesale _____
Manufacturing _____
Construction _____

HOW DID YOU LEARN OF THESE SERVICES? (Check all that apply)

Word of mouth _____
Newspapers _____
Internet _____
Television _____
SBA ☒
Other Economic Dev. office

Bank _____
Chamber of Commerce _____
Radio _____
Magazine _____

Is Your Business SBA Certified?

HUBZone Yes _____ No _____
SDB Yes _____ No _____
(Small Disadvantaged Business)

Signature: Paula Riegg

Date: 12-7-17

SBA Training Registration

Name: Taylor Nyeve Address: 575 Sawtooth St
(PLEASE PRINT)
Telephone (H) 208 594 3124 (B) _____ Fax: _____
City: Mountain Home State: ID County: Elmore ZIP: 83647
E-mail: tnyeve@mountain-home.us

RACE (Mark one or More)

Native American or
Alaskan Native _____
Asian American _____
Black or African American _____
Native Hawaiian or other
Pacific Islander _____
White X
Do not wish to respond _____

Ethnicity:

Hispanic Origin _____
Not of Hispanic Origin X
Do not wish to respond _____

Do you consider yourself
a person with a disability?

Yes _____
No X

Business Owner Gender:

Male: (50+%) _____
Female: (50+%) X
Male/Female (50/50%) _____

Veteran Status:

Veteran _____
Service Connected Disabled Veteran _____
Disable Veteran _____
Non-Veteran X

Currently
in Business?

Yes X No X

If you are in Business, Please Complete the Following:

Home-based-business? Yes _____ No _____
Business started on – (Mo. – Year) _____
Do you conduct business online? Yes _____ No _____

BUSINESS TYPE:

Retail _____ Other _____
Service _____
Wholesale _____
Manufacturing _____
Construction _____

**HOW DID YOU LEARN OF THESE
SERVICES? (Check all that apply)**

Word of mouth _____
Newspapers _____
Internet _____
Television _____
SBA _____
Other telemarketing

Bank _____
Chamber of Commerce _____
Radio _____
Magazine _____

Is Your Business SBA Certified?

HUBZone Yes _____ No _____
SDB Yes _____ No _____
(Small Disadvantaged Business)

Signature: Taylor Nyeve

Date: 12-7-2017

SBA Training Registration

Name: Shalai McCoy Address: 1744 SW Sierra Way
 Telephone (H) 208-870-8392 (B) 208-587-8225 Fax: _____
 City: Murtaur Home State: ID County: Elmore ZIP: 83647
 E-mail: thegettinplaceidaho@gmail.com

RACE (Mark one or More)

Native American or
 Alaskan Native _____
 Asian American _____
 Black or African American _____
 Native Hawaiian or other
 Pacific Islander _____
 White X
 Do not wish to respond _____

Ethnicity:

Hispanic Origin _____
 Not of Hispanic Origin X
 Do not wish to respond _____

Do you consider yourself
 a person with a disability? Yes _____
 No X

Business Owner Gender:

Male: (50+%) _____
 Female: (50+%) X
 Male/Female (50/50%) _____

Veteran Status:

Veteran _____
 Service Connected Disabled Veteran _____
 Disable Veteran _____
 Non-Veteran X

Currently
 in Business?

Yes X No _____

If you are in Business, Please Complete the Following:

Home-based-business? Yes _____ No X
 Business started on - (Mo. - Year) 01-2017
 Do you conduct business online? Yes X No _____

BUSINESS TYPE:

Retail X Other _____
 Service _____
 Wholesale _____
 Manufacturing _____
 Construction _____

**HOW DID YOU LEARN OF THESE
 SERVICES? (Check all that apply)**

Word of mouth X
 Newspapers _____
 Internet _____
 Television _____
 SBA _____
 Other FB

Bank _____
 Chamber of Commerce X
 Radio _____
 Magazine _____

Is Your Business SBA Certified?

HUBZone Yes _____ No _____
 SDB Yes _____ No _____
 (Small Disadvantaged Business)

Signature: SMcCoy

Date: 12-7-17

SBA Training Registration

Name: Randy Valley Address: 210 N 2nd E Min Home
(PLEASE PRINT)

Telephone (H) _____ (B) 208 557 8454 Fax: _____

City: _____ State: _____ County: _____ ZIP: _____

E-mail: rvalley2@msn.com

RACE (Mark one or More)

Native American or
Alaskan Native _____
Asian American _____
Black or African American _____
Native Hawaiian or other
Pacific Islander _____
White X
Do not wish to respond _____

Ethnicity:

Hispanic Origin _____
Not of Hispanic Origin _____
Do not wish to respond _____

Do you consider yourself
a person with a disability?

Yes _____
No X

Business Owner Gender:

Male: (50+%) _____
Female: (50+%) _____
Male/Female (50/50%) X

Veteran Status:

Veteran X
Service Connected Disabled Veteran _____
Disable Veteran _____
Non-Veteran _____

Currently
in Business?

Yes X No _____

If you are in Business, Please Complete the Following:

Home-based-business? Yes _____ No _____
Business started on - (Mo. - Year) Aug, 1978
Do you conduct business online? Yes _____ No X

BUSINESS TYPE:

Retail _____ Other Financial
Service _____
Wholesale _____
Manufacturing _____
Construction _____

HOW DID YOU LEARN OF THESE SERVICES? (Check all that apply)

Word of mouth _____
Newspapers _____
Internet _____
Television _____

Bank _____
Chamber of Commerce _____
Radio _____
Magazine _____

SBA _____
Other Economic Development
Economic

Is Your Business SBA Certified?

HUBZone Yes _____ No _____
SDB Yes _____ No X
(Small Disadvantaged Business)

Signature: _____ Date: _____

SBA Training Registration

Name: Lynlee Lord Address: 205 N. 3rd E.
(PLEASE PRINT)

Telephone (H) 208 587 4334 (B) _____ Fax: _____

City: Mtn. Home State: Id County: _____ ZIP: 83647

E-mail: Chamber @ mountainhomechamber.com

RACE (Mark one or More)

Native American or
Alaskan Native _____
Asian American _____
Black or African American _____
Native Hawaiian or other
Pacific Islander _____
White _____
Do not wish to respond ☒

Ethnicity:

Hispanic Origin _____
Not of Hispanic Origin _____
Do not wish to respond _____

Do you consider yourself
a person with a disability? Yes _____
No ☒

Business Owner Gender:

Male: (50+%) _____
Female: (50+%) _____
Male/Female (50/50%) _____

Veteran Status:

Veteran _____
Service Connected Disabled Veteran _____
Disable Veteran _____
Non-Veteran ☒

Currently
in Business?

Yes _____ No ☒

If you are in Business, Please Complete the Following:

Home-based-business? Yes _____ No ☒
Business started on - (Mo. - Year) _____
Do you conduct business online? Yes ☒ No _____

BUSINESS TYPE:

Retail _____ Other non profit
Service _____
Wholesale _____
Manufacturing _____
Construction _____

**HOW DID YOU LEARN OF THESE
SERVICES? (Check all that apply)**

Word of mouth _____
Newspapers _____
Internet _____
Television _____
SBA _____

Bank _____
Chamber of Commerce _____
Radio _____
Magazine _____

Other economic development

Is Your Business SBA Certified?

HUBZone Yes _____ No _____
SDB Yes _____ No _____
(Small Disadvantaged Business)

Signature: _____

Date: 12.7.17

SBA Training Registration

Name: Joseph W Still/Sa Address: 735 Kyle Street.
 Telephone (H) 208 622 1266 (B) 587-2812 Fax: _____
 City: Mountain Home State: ID County: Elmore ZIP: 83647
 E-mail: joestill@hotmail.com

RACE (Mark one or More)

Native American or
 Alaskan Native _____
 Asian American _____
 Black or African American _____
 Native Hawaiian or other
 Pacific Islander _____
 White X
 Do not wish to respond _____

Ethnicity:

Hispanic Origin _____
 Not of Hispanic Origin X
 Do not wish to respond _____

Do you consider yourself
 a person with a disability? Yes _____
 No X

Business Owner Gender:

Male: (50+%) _____
 Female: (50+%) X
 Male/Female (50/50%) _____

Veteran Status:

Veteran X
 Service Connected Disabled Veteran _____
 Disable Veteran _____
 Non-Veteran _____

Currently
 in Business?

Yes X No _____

If you are in Business, Please Complete the Following:

Home-based-business? Yes _____ No _____
 Business started on - (Mo. - Year) _____
 Do you conduct business online? Yes _____ No _____

BUSINESS TYPE:

Retail _____ Other Not Prof.
 Service _____
 Wholesale _____
 Manufacturing _____
 Construction _____

HOW DID YOU LEARN OF THESE SERVICES? (Check all that apply)

Word of mouth _____
 Newspapers _____
 Internet _____
 Television _____
 SBA _____
 Other _____

Bank _____
 Chamber of Commerce X
 Radio _____
 Magazine _____

Is Your Business SBA Certified?

HUBZone Yes _____ No _____
 SDB Yes _____ No _____
 (Small Disadvantaged Business)

Signature: [Signature]

Date: Dec 7th

SBA Training Registration

Name: ALAIN ISAAC Address: 1490 CENTENNIAL DR
(PLEASE PRINT)

Telephone (H) 208-587-8900 (B) _____ Fax: _____

City: Mt Home State: ID County: Elmore ZIP: 83647

E-mail: aisaac222@gmail.com

RACE (Mark one or More)

Native American or
Alaskan Native _____
Asian American _____
Black or African American _____
Native Hawaiian or other
Pacific Islander _____
White _____
Do not wish to respond ☒

Ethnicity:

Hispanic Origin _____
Not of Hispanic Origin _____
Do not wish to respond ☒

Do you consider yourself
a person with a disability?

Yes ☒
No _____

Business Owner Gender:

Male: (50+%) _____
Female: (50+%) _____
Male/Female (50/50%) _____

Veteran Status:

Veteran _____
Service Connected Disabled Veteran _____
Disable Veteran _____
Non-Veteran ☒

Currently
in Business?

Yes _____ No ☒

If you are in Business, Please Complete the Following:

Home-based-business? Yes _____ No _____
Business started on - (Mo. - Year) _____
Do you conduct business online? Yes _____ No _____

BUSINESS TYPE:

Retail _____ Other _____
Service _____
Wholesale _____
Manufacturing _____
Construction _____

**HOW DID YOU LEARN OF THESE
SERVICES? (Check all that apply)**

Word of mouth _____
Newspapers _____
Internet _____
Television _____
SBA _____
Other Elmore Dev

Bank _____
Chamber of Commerce ☒
Radio _____
Magazine _____

Is Your Business SBA Certified?

HUBZone Yes _____ No _____
SDB Yes _____ No _____
(Small Disadvantaged Business)

Signature: Alain Isaac

Date: 7 Dec 17

SBA Training Registration

Name: Roger Fogelman Address: PO Box 1213, MTN Home
(PLEASE PRINT)
Telephone (H) 208-587-9003 (B) _____ Fax: _____
City: MTN Home State: ID County: elmora ZIP: 83647
E-mail: RFogelman@msn.com

RACE (Mark one or More)

Native American or
Alaskan Native _____
Asian American _____
Black or African American _____
Native Hawaiian or other
Pacific Islander _____
White ☒
Do not wish to respond _____

Ethnicity:

Hispanic Origin _____
Not of Hispanic Origin ☒
Do not wish to respond _____

Do you consider yourself
a person with a disability?

Yes _____
No ☒

Business Owner Gender:

Male: (50+%) ☒
Female: (50+%) _____
Male/Female (50/50%) _____

Veteran Status:

Veteran ☒
Service Connected Disabled Veteran _____
Disable Veteran _____
Non-Veteran _____

Currently
in Business?

Yes ☒ No _____

If you are in Business, Please Complete the Following:

Home-based-business? Yes _____ No ☒
Business started on - (Mo. - Year) _____
Do you conduct business online? Yes ☒ No _____

BUSINESS TYPE:

Retail _____ Other Rentals
Service _____
Wholesale _____
Manufacturing _____
Construction _____

**HOW DID YOU LEARN OF THESE
SERVICES? (Check all that apply)**

Word of mouth _____
Newspapers _____
Internet ☒
Television _____
SBA _____
Other _____

Bank _____
Chamber of Commerce _____
Radio _____
Magazine _____

Is Your Business SBA Certified?

HUBZone Yes _____ No ☒
SDB Yes _____ No ☒
(Small Disadvantaged Business)

Signature: Rogel

Date: 12/7/2017

SBA Training Registration

Name: Nikkita White + Lorenzo White Address: 1285 Rolling Hills Ave Monticello
 Telephone (H) 732-654-97 (B) _____ Fax: _____
 City: Monticello State: CO County: Elmore ZIP: 81401
 E-mail: Kandkcharacters@gmail.com

RACE (Mark one or More)

Native American or
 Alaskan Native _____
 Asian American _____
 Black or African American ☒
 Native Hawaiian or other
 Pacific Islander _____
 White _____
 Do not wish to respond _____

Ethnicity:

Hispanic Origin _____
 Not of Hispanic Origin _____
 Do not wish to respond _____

Do you consider yourself
 a person with a disability? Yes _____
 No ☒

Business Owner Gender:

Male: (50+%) _____
 Female: (50+%) ☒
 Male/Female (50/50%) ☒

Veteran Status:

Veteran Sept 1 will be a veteran if ussr
 Service Connected Disabled Veteran _____
 Disable Veteran _____
 Non-Veteran _____

Currently
 in Business?

Yes _____ No _____

Starting up

If you are in Business, Please Complete the Following:

Home-based-business? Yes ☒ No _____
 Business started on - (Mo. - Year) _____
 Do you conduct business online? Yes ☒ No _____

Currently working in Starting a Home
company

BUSINESS TYPE:

Retail _____ Other _____
 Service ☒
 Wholesale _____
 Manufacturing _____
 Construction _____

HOW DID YOU LEARN OF THESE SERVICES? (Check all that apply)

Word of mouth ☒
 Newspapers _____
 Internet _____
 Television _____
 SBA _____
 Other _____

Bank _____
 Chamber of Commerce ☒
 Radio _____
 Magazine _____

Is Your Business SBA Certified?

HUBZone Yes _____ No _____
 SDB Yes _____ No _____
 (Small Disadvantaged Business)

Signature: _____

Date: 12/1/10

SBA Training Registration

Name: Barb Fogleman Address: PO Box 1213
(PLEASE PRINT)
Telephone (H) 208-599-2711 (B) _____ Fax: _____
City: Mountain Home State: ID County: Elmore ZIP: 83647
E-mail: bafogleman@msn.com

RACE (Mark one or More)

Native American or
Alaskan Native _____
Asian American _____
Black or African American _____
Native Hawaiian or other
Pacific Islander _____
White ☒
Do not wish to respond _____

Ethnicity:

Hispanic Origin _____
Not of Hispanic Origin ☒
Do not wish to respond _____

Do you consider yourself
a person with a disability? Yes _____
No ☒

Business Owner Gender:

Male: (50+%) _____
Female: (50+%) ☒
Male/Female (50/50%) _____

Veteran Status:

Veteran _____
Service Connected Disabled Veteran _____
Disable Veteran _____
Non-Veteran ☒

Currently
in Business?

Yes ☒ No _____

If you are in Business, Please Complete the Following:

Home-based-business? Yes _____ No ☒
Business started on - (Mo. - Year) _____
Do you conduct business online? Yes _____ No _____

BUSINESS TYPE:

Retail _____ Other _____
Service _____
Wholesale _____
Manufacturing _____
Construction _____

HOW DID YOU LEARN OF THESE SERVICES? (Check all that apply)

Word of mouth _____
Newspapers _____
Internet _____
Television _____
SBA _____
Other Economic Dev

Bank _____
Chamber of Commerce ☒
Radio _____
Magazine _____

Is Your Business SBA Certified?

HUBZone Yes _____ No _____
SDB Yes _____ No _____
(Small Disadvantaged Business)

Signature: _____

Date: 7 Dec 2017

SBA Training Registration

Name: John Glerum Address: 4601 Hillcrest View
(PLEASE PRINT)
Telephone (H) (B) 208 850 2415 Fax: _____
City: Boise State: ID County: Ada ZIP: 83705
E-mail: jglorum@boise.state.edu

RACE (Mark one or More)

Native American or
Alaskan Native _____
Asian American _____
Black or African American _____
Native Hawaiian or other
Pacific Islander _____
White ☒
Do not wish to respond _____

Ethnicity:

Hispanic Origin _____
Not of Hispanic Origin _____
Do not wish to respond _____

Do you consider yourself
a person with a disability?

Yes _____
No ☒

Business Owner Gender:

Male: (50+%) ☒
Female: (50+%) _____
Male/Female (50/50%) _____

Veteran Status:

Veteran _____
Service Connected Disabled Veteran _____
Disable Veteran _____
Non-Veteran ☒

Currently
in Business? ☒
Yes _____ No _____

If you are in Business, Please Complete the Following:

Home-based-business? Yes ☒ No _____
Business started on - (Mo. - Year) 12/2000
Do you conduct business online? Yes ☒ No _____

BUSINESS TYPE:

Retail ☒ Other _____
Service _____
Wholesale _____
Manufacturing _____
Construction _____

HOW DID YOU LEARN OF THESE SERVICES? (Check all that apply)

Word of mouth _____
Newspapers _____
Internet _____
Television ☒
SBA _____
Other _____

Bank _____
Chamber of Commerce _____
Radio _____
Magazine _____

Is Your Business SBA Certified?

HUBZone Yes _____ No ☒
SDB Yes _____ No ☒
(Small Disadvantaged Business)

Signature: [Signature]

Date: 12/7/17

SBA Training Registration

Name: Beth DeVore Address: 1690 NE Quigley ST MTN HM
 Telephone (H) 208-587-2795 (B) _____ Fax: _____
 City: MTN HM State: ID County: Elmore ZIP: 83647
 E-mail: LBDEVORE@hotmail.com

RACE (Mark one or More)

Native American or
 Alaskan Native _____
 Asian American _____
 Black or African American _____
 Native Hawaiian or other
 Pacific Islander _____
 White ☒
 Do not wish to respond _____

Ethnicity:

Hispanic Origin _____
 Not of Hispanic Origin ☒
 Do not wish to respond _____

Do you consider yourself
 a person with a disability? Yes _____
 No ☒

Business Owner Gender:

Male: (50+%) _____
 Female: (50+%) _____
 Male/Female (50/50%) _____

Veteran Status:

Veteran _____
 Service Connected Disabled Veteran _____
 Disable Veteran _____
 Non-Veteran ☒

Currently
 in Business?

Yes _____ No ☒
Service
Organization

If you are in Business, Please Complete the Following:

Home-based-business? Yes _____ No _____
 Business started on - (Mo. - Year) _____
 Do you conduct business online? Yes _____ No _____

BUSINESS TYPE:

Retail _____ Other _____
 Service _____
 Wholesale _____
 Manufacturing _____
 Construction _____

HOW DID YOU LEARN OF THESE SERVICES? (Check all that apply)

Word of mouth _____
 Newspapers _____
 Internet _____
 Television _____
 SBA _____
 Other Chamber of Commerce

Bank _____
 Chamber of Commerce ☒
 Radio _____
 Magazine _____

Is Your Business SBA Certified?

HUBZone Yes _____ No _____
 SDB Yes _____ No _____
 (Small Disadvantaged Business)

Signature:

Beth DeVore

Date:

12/7/17

SBA Training Registration

Name: Nancy Brletic Address: 4985 N. 18th East

(PLEASE PRINT)
Telephone (H) 208 447-6562 (B) _____ Fax: _____

City: Mountain Home State: ID County: Elmore ZIP: 83647

E-mail: nancy@simplelife-farmalpacas.com

RACE (Mark one or More)

Native American or
Alaskan Native _____
Asian American _____
Black or African American _____
Native Hawaiian or other
Pacific Islander _____
White ☒
Do not wish to respond _____

Ethnicity:

Hispanic Origin _____
Not of Hispanic Origin ☒
Do not wish to respond _____

Do you consider yourself
a person with a disability? Yes _____
No _____

Business Owner Gender:

Male: (50+%) _____
Female: (50+%) ☒
Male/Female (50/50%) _____

Veteran Status:

Veteran _____
Service Connected Disabled Veteran _____
Disable Veteran _____
Non-Veteran ☒

Currently
in Business?

Yes ☒ No _____

If you are in Business, Please Complete the Following:

Home-based-business? Yes ☒ No _____
Business started on - (Mo. - Year) Dec. 2006
Do you conduct business online? Yes ☒ No _____

BUSINESS TYPE:

Retail _____
Service _____
Wholesale _____
Manufacturing _____
Construction _____
Other Agriculture

HOW DID YOU LEARN OF THESE SERVICES? (Check all that apply)

Word of mouth _____
Newspapers _____
Internet _____
Television _____
SBA ☒
Other _____

Bank _____
Chamber of Commerce ☒
Radio _____
Magazine _____

Is Your Business SBA Certified?

HUBZone Yes _____ No _____
SDB Yes _____ No _____
(Small Disadvantaged Business)

Signature: Nancy Brletic

Date: 12-7-2017



Boise District Office Workshop Evaluation

We value your opinion and appreciate your assistance and feedback in improving our workshops. Please complete this evaluation with your most candid and constructive feedback. Your input will be reviewed and used to improve future workshops. - Boise District Office Staff

What workshop did you attend?

Workshop Title: Instagram for Beginners Date Attended: 12-7-2017

How did you hear about our workshops?

☐ SBA.Gov Events Calendar ☐ SCORE ☒ SBDC ☐ Women's Business Center
☒ Chamber ☐ Brochure ☐ Lender (please indicate)
☐ Media/Paper (please indicate) ☒ Other (please indicate) Economic Development

What is the best **day of the week** for you to attend workshops/trainings? (Check all that apply)

☐ Monday ☒ Tuesday ☐ Wednesday ☒ Thursday ☐ Friday ☐ Saturday

What is the best **time of day** for you to attend workshops/trainings? (Check all that apply)

☐ 7-9 AM ☒ 9-11 AM ☒ 11 AM-1 PM ☒ 1-3 PM ☒ 3-5 PM ☐ 5-7 PM

What topics do you feel were covered very well and of value to you?

a _____ b _____ c _____

What topics could have been covered in more detail or emphasis?

a _____ b _____ c _____

What topics should be added to the workshop in the future?

a _____ b _____ c _____

Did the workshop and the topics covered meet your expectations?

☐ Exceeded ☒ Met ☐ Nearly Met ☐ Missed

How would you rate your presenter(s)?

☒ Excellent ☐ Above Average ☐ Average ☐ Below Average ☐ Very Poor

Any additional comments?

I need more instruction on nitty gritty.



Boise District Office Workshop Evaluation

We value your opinion and appreciate your assistance and feedback in improving our workshops. Please complete this evaluation with your most candid and constructive feedback. Your input will be reviewed and used to improve future workshops. - Boise District Office Staff

What workshop did you attend?

Workshop Title: Instagram Date Attended: 12/7/17

How did you hear about our workshops?

- | | | | |
|--|-----------------------------------|---|--|
| <input type="checkbox"/> SBA.Gov Events Calendar | <input type="checkbox"/> SCORE | <input type="checkbox"/> SBDC | <input type="checkbox"/> Women's Business Center |
| <input checked="" type="checkbox"/> Chamber | <input type="checkbox"/> Brochure | <input type="checkbox"/> Lender (please indicate) | |
| <input type="checkbox"/> Media/Paper (please indicate) | | <input checked="" type="checkbox"/> Other (please indicate) | <u>Economic Development</u> |

What is the best **day of the week** for you to attend workshops/trainings? (Check all that apply)

- ☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☐ Friday ☐ Saturday

What is the best **time of day** for you to attend workshops/trainings? (Check all that apply)

- ☐ 7 - 9 AM ☐ 9 - 11 AM ☒ 11 AM - 1 PM ☒ 1 - 3 PM ☐ 3 - 5 PM ☐ 5 - 7 PM

What topics do you feel were covered very well and of value to you?

a technical b strategy c what to avoid

What topics could have been covered in more detail or emphasis?

a _____ b _____ c _____

What topics should be added to the workshop in the future?

a _____ b _____ c _____

Did the workshop and the topics covered meet your expectations?

- ☒ Exceeded ☐ Met ☐ Nearly Met ☐ Missed

How would you rate your presenter(s)?

- ☒ Excellent ☐ Above Average ☐ Average ☐ Below Average ☐ Very Poor

Any additional comments?



Boise District Office Workshop Evaluation

We value your opinion and appreciate your assistance and feedback in improving our workshops. Please complete this evaluation with your most candid and constructive feedback. Your input will be reviewed and used to improve future workshops. - Boise District Office Staff

What workshop did you attend?

Workshop Title: Instagram Date Attended: 12-7-17

How did you hear about our workshops?

☐ SBA.Gov Events Calendar ☐ SCORE ☒ SBDC ☐ Women's Business Center
☐ Chamber ☐ Brochure ☐ Lender (please indicate) _____
☐ Media/Paper (please indicate) _____ ☒ Other (please indicate) Econ. Dev. office

What is the best **day of the week** for you to attend workshops/trainings? (Check all that apply)

☐ Monday ☒ Tuesday ☐ Wednesday ☒ Thursday ☐ Friday ☐ Saturday

What is the best **time of day** for you to attend workshops/trainings? (Check all that apply)

☐ 7-9 AM ☒ 9-11 AM ☐ 11 AM-1 PM ☒ 1-3 PM ☐ 3-5 PM ☐ 5-7 PM

What topics do you feel were covered very well and of value to you?

How to set up a _____ b _____ c _____

What topics could have been covered in more detail or emphasis?

a _____ b _____ c _____

What topics should be added to the workshop in the future?

a _____ b _____ c _____

Did the workshop and the topics covered meet your expectations?

☒ Exceeded ☐ Met ☐ Nearly Met ☐ Missed

How would you rate your presenter(s)?

☒ Excellent ☐ Above Average ☐ Average ☐ Below Average ☐ Very Poor

Any additional comments?

Great Class !



Boise District Office Workshop Evaluation

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What workshop did you attend?

Workshop Title: Instagram for Beginners Date Attended: 12.7.2017

How did you hear about our workshops?

☐ SBA.Gov Events Calendar ☐ SCORE ☐ SBDC ☐ Women's Business Center
☐ Chamber ☐ Brochure ☐ Lender (please indicate) Economic Dev.
☐ Media/Paper (please indicate) ☒ Other (please indicate)

What is the best **day of the week** for you to attend workshops/trainings? (Check all that apply)

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What is the best **time of day** for you to attend workshops/trainings? (Check all that apply)

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What topics do you feel were covered very well and of value to you?

a Cyber security b basics of set up c _____

What topics could have been covered in more detail or emphasis?

a tagging with @ b brand est. ment c _____

What topics should be added to the workshop in the future?

a consistency in posts b _____ c _____

Did the workshop and the topics covered meet your expectations?

☐ Exceeded ☒ Met ☐ Nearly Met ☐ Missed

How would you rate your presenter(s)?

☒ Excellent ☐ Above Average ☐ Average ☐ Below Average ☐ Very Poor

Any additional comments?



Boise District Office Workshop Evaluation

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What workshop did you attend?

Workshop Title:

Navigating Instagram

Date Attended:

12-7-17

How did you hear about our workshops?

☐ SBA.Gov Events Calendar

☐ SCORE

☐ SBDC

☐ Women's Business Center

☒ Chamber

☐ Brochure

☐ Lender (please indicate)

☐ Media/Paper (please indicate)

☒ Other (please indicate)

What is the best **day of the week** for you to attend workshops/trainings? (Check all that apply)

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☒ Thursday

☒ Friday

☐ Saturday

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☐ 1 - 3 PM

☐ 3 - 5 PM

☐ 5 - 7 PM

What topics do you feel were covered very well and of value to you?

a

all

b

c

What topics could have been covered in more detail or emphasis?

a

b

c

What topics should be added to the workshop in the future?

a

b

c

Did the workshop and the topics covered meet your expectations?

☒ Exceeded

☐ Met

☐ Nearly Met

☐ Missed

How would you rate your presenter(s)?

☒ Excellent

☐ Above Average

☐ Average

☐ Below Average

☐ Very Poor

Any additional comments?

I am open to any small business topics.



Boise District Office Workshop Evaluation

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What workshop did you attend?

Workshop Title: Instagram for Beginners Date Attended: 12/7/2017

How did you hear about our workshops?

☐ SBA.Gov Events Calendar ☐ SCORE ☐ SBDC ☐ Women's Business Center
☐ Chamber ☐ Brochure ☐ Lender (please indicate) Economic Development
☐ Media/Paper (please indicate) ☐ Other (please indicate)

What is the best **day of the week** for you to attend workshops/trainings? (Check all that apply)

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What topics do you feel were covered very well and of value to you?

a All b c

What topics could have been covered in more detail or emphasis?

a None b c

What topics should be added to the workshop in the future?

a None b c

Did the workshop and the topics covered meet your expectations?

☒ Exceeded ☐ Met ☐ Nearly Met ☐ Missed

How would you rate your presenter(s)?

☒ Excellent ☐ Above Average ☐ Average ☐ Below Average ☐ Very Poor

Any additional comments?



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What workshop did you attend?

Workshop Title: Instagram For Beginners Date Attended: 12.7.17

How did you hear about our workshops?

☐ SBA.Gov Events Calendar ☐ SCORE ☐ SBDC ☐ Women's Business Center
☐ Chamber ☐ Brochure ☐ Lender (please indicate) _____
☐ Media/Paper (please indicate) economic development ☐ Other (please indicate) _____

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What topics do you feel were covered very well and of value to you?

a Starting a instagram c _____

What topics could have been covered in more detail or emphasis?

a _____ b _____ c _____

What topics should be added to the workshop in the future?

a _____ b _____ c _____

Did the workshop and the topics covered meet your expectations?

☐ Exceeded ☒ Met ☐ Nearly Met ☐ Missed

How would you rate your presenter(s)?

☒ Excellent ☐ Above Average ☐ Average ☐ Below Average ☐ Very Poor

Any additional comments?

I think it was good for beginners



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What workshop did you attend?

Workshop Title: Instagram For Beginners Date Attended: 12-7-17

How did you hear about our workshops?

☐ SBA.Gov Events Calendar ☐ SCORE ☐ SBDC ☐ Women's Business Center
☒ Chamber ☐ Brochure ☐ Lender (please indicate) _____
☐ Media/Paper (please indicate) _____ ☐ Other (please indicate) _____

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What topics do you feel were covered very well and of value to you?

a _____ b _____ c _____

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a _____ b _____ c _____

What topics should be added to the workshop in the future?

a _____ b _____ c _____

Did the workshop and the topics covered meet your expectations?

☐ Exceeded ☒ Met ☐ Nearly Met ☐ Missed

How would you rate your presenter(s)?

☐ Excellent ☒ Above Average ☐ Average ☐ Below Average ☐ Very Poor

Any additional comments?

It was good, learned a lot.



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Your input will be reviewed and used to improve future workshops. - Boise District Office Staff

What workshop did you attend?

Workshop Title: Instagram for Beginners Date Attended: 7 Dec 17

How did you hear about our workshops?

- | | | | |
|--|-----------------------------------|---|--|
| <input type="checkbox"/> SBA.Gov Events Calendar | <input type="checkbox"/> SCORE | <input type="checkbox"/> SBDC | <input type="checkbox"/> Women's Business Center |
| <input type="checkbox"/> Chamber | <input type="checkbox"/> Brochure | <input type="checkbox"/> Lender (please indicate) | |
| <input type="checkbox"/> Media/Paper (please indicate) | | <input checked="" type="checkbox"/> Other (please indicate) | <u>Chamber/Econ Dev</u> |

What is the best **day of the week** for you to attend workshops/trainings? (Check all that apply)

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What topics do you feel were covered very well and of value to you?

a Beginner part b _____ c _____

What topics could have been covered in more detail or emphasis?

a _____ b _____ c _____

What topics should be added to the workshop in the future?

a _____ b _____ c _____

Did the workshop and the topics covered meet your expectations?

- ☐ Exceeded ☒ Met ☐ Nearly Met ☐ Missed

How would you rate your presenter(s)?

- ☐ Excellent ☒ Above Average ☐ Average ☐ Below Average ☐ Very Poor

Any additional comments?



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What workshop did you attend?

Workshop Title:

Instagram for beginners

Date Attended:

6/1/17

How did you hear about our workshops?

☐ SBA.Gov Events Calendar

☐ SCORE

☐ SBDC

☐ Women's Business Center

☒ Chamber

☐ Brochure

☐ Lender (please indicate)

☐ Media/Paper (please indicate)

☐ Other (please indicate)

What is the best **day of the week** for you to attend workshops/trainings? (Check all that apply)

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What is the best **time of day** for you to attend workshops/trainings? (Check all that apply)

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What topics do you feel were covered very well and of value to you?

a

b

c

What topics could have been covered in more detail or emphasis?

a

b

c

What topics should be added to the workshop in the future?

a

b

c

Did the workshop and the topics covered meet your expectations?

☐ Exceeded

☒ Met

☐ Nearly Met

☐ Missed

How would you rate your presenter(s)?

☒ Excellent

☐ Above Average

☐ Average

☐ Below Average

☐ Very Poor

Any additional comments?



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What workshop did you attend?

Workshop Title: Instagram For Beginners Date Attended: 12/7/17

How did you hear about our workshops?

☐ SBA.Gov Events Calendar ☐ SCORE ☐ SBDC ☐ Women's Business Center
☒ Chamber ☐ Brochure ☐ Lender (please indicate) _____
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What topics do you feel were covered very well and of value to you?

a _____ b _____ c _____

What topics could have been covered in more detail or emphasis?

a _____ b _____ c _____

What topics should be added to the workshop in the future?

a _____ b _____ c _____

Did the workshop and the topics covered meet your expectations?

☒ Exceeded ☐ Met ☐ Nearly Met ☐ Missed

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Any additional comments?



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What workshop did you attend?

Workshop Title:

Instagram for Beginners

Date Attended:

12/7/17

How did you hear about our workshops?

☒ SBA.Gov Events Calendar

☐ SCORE

☒ SBDC

☐ Women's Business Center

☐ Chamber

☐ Brochure

☐ Lender (please indicate)

☐ Media/Paper (please indicate)

☐ Other (please indicate)

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☐ 7-9 AM

☐ 9-11 AM

☒ 11 AM-1 PM

☐ 1-3 PM

☐ 3-5 PM

☐ 5-7 PM

What topics do you feel were covered very well and of value to you?

a Instagram Background Setting up account Posting

What topics could have been covered in more detail or emphasis?

a _____ b _____ c _____

What topics should be added to the workshop in the future?

a Marketing Impact More details/Analytics

Did the workshop and the topics covered meet your expectations?

☒ Exceeded

☐ Met

☐ Nearly Met

☐ Missed

How would you rate your presenter(s)?

☒ Excellent

☐ Above Average

☐ Average

☐ Below Average

☐ Very Poor

Any additional comments?

Pizza & Salad went great.



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What workshop did you attend?

Workshop Title: Instagram Date Attended: 12/1/17

How did you hear about our workshops?

☐ SBA.Gov Events Calendar ☐ SCORE ☐ SBDC ☐ Women's Business Center
☒ Chamber ☐ Brochure ☐ Lender (please indicate) _____
☐ Media/Paper (please indicate) _____ ☐ Other (please indicate) _____

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What topics do you feel were covered very well and of value to you?

a N/A b _____ c _____

What topics could have been covered in more detail or emphasis?

a N/A b _____ c _____

What topics should be added to the workshop in the future?

a N/A b _____ c _____

Did the workshop and the topics covered meet your expectations?

☒ Exceeded ☐ Met ☐ Nearly Met ☐ Missed

How would you rate your presenter(s)?

☒ Excellent ☐ Above Average ☐ Average ☐ Below Average ☐ Very Poor

Any additional comments?