



Complete the registration application below and register by email, telephone or fax. Due to limited space, we recommend you register early to guarantee your place in the workshops. **Register By:**

Email: gsabusinessbreakthrough@managementconcepts.com **Phone:** 703.270.4172 or **Fax:** 703.842.8213

Company Information

(Please check the box for each description that applies to your company)

Successful company in business for more than 5 years.

Annual sales between \$10 million to \$50 million.

Current holder of GSA contracts with no to little experience.

Experienced with GSA contracts and seeking to advance.

Registered in the ccr. (www.ccr.gov)

Transitioning from small business to large under federal contract rules.

WORKSHOP LOCATION: _____ START DATE (MM/DD/YYYY) _____ END DATE (MM/DD/YYYY) _____

COMPANY NAME: _____ COMPANY WEBSITE: _____

WORK ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PRIMARY NAICS CODES: _____ FEDERAL CERTIFICATION(S) _____ FEDERAL CONTRACT VEHICLES: _____

Participant Information

*****Please note that only 2 registrants per company are permitted to attend EACH workshop***
PARTICIPATION IN ALL WORKSHOPS IS HIGHLY ENCOURAGED**

REGISTRANT 1

LAST NAME: _____ FIRST NAME: _____ MI: _____

WORK PHONE: _____ WORK -E-MAIL: _____

DO YOU HAVE ANY SPECIAL NEEDS?
(e.g., wheelchair, sight dog etc...)

PLEASE SELECT THE WORKSHOPS YOU WILL ATTEND

FEDERAL PROCUREMENT POLICIES & PROCEDURES	<input type="checkbox"/>	GSA CONTRACT VEHICLES	<input type="checkbox"/>
ACCESSINIG THE FEDERAL MARKET PLACE	<input type="checkbox"/>	GSA'S CULTURE OF INNOVATION & SUSTAINABILITY	<input type="checkbox"/>
PROPOSAL STRATEGIES & SUBCONTRACTING/TEAMING	<input type="checkbox"/>	GSA CONTRACT ADMINISTRATION & COMPLIANCE	<input type="checkbox"/>

REGISTRANT 2

LAST NAME: _____ FIRST NAME: _____ MI: _____

WORK PHONE: _____ WORK -E-MAIL: _____

DO YOU HAVE ANY SPECIAL NEEDS?
(e.g., wheelchair, sight dog etc...)

PLEASE SELECT THE WORKSHOPS YOU WILL ATTEND

FEDERAL PROCUREMENT POLICIES & PROCEDURES	<input type="checkbox"/>	GSA CONTRACT VEHICLES	<input type="checkbox"/>
ACCESSINIG THE FEDERAL MARKET PLACE	<input type="checkbox"/>	GSA'S CULTURE OF INNOVATION & SUSTAINABILITY	<input type="checkbox"/>
PROPOSAL STRATEGIES & SUBCONTRACTING/TEAMING	<input type="checkbox"/>	GSA CONTRACT ADMINISTRATION & COMPLIANCE	<input type="checkbox"/>

Registration Confirmation will be provided in writing prior to the workshop series start date. Please do **NOT** make non-refundable travel reservations **before** you receive this confirmation. If the workshops are full, you will be notified of waitlist status.

*****PLEASE USE THE FOLLOWING PAGE TO REGISTER SUBSTITUTE PARTICIPANTS*****

Substitute Participant Information

Please note that only 2 registrants per company are permitted to attend EACH workshop

SUBSTITUTE

LAST NAME: _____ FIRST NAME: _____ MI: _____

WORK PHONE: _____ WORK -E-MAIL: _____

DO YOU HAVE ANY SPECIAL NEEDS?

(e.g., wheelchair, sight dog etc...)

PLEASE SELECT THE WORKSHOPS YOU WILL ATTEND

FEDERAL PROCUREMENT POLICIES & PROCEDURES	<input type="checkbox"/>	GSA CONTRACT VEHICLES	<input type="checkbox"/>
ACCESSING THE FEDERAL MARKET PLACE	<input type="checkbox"/>	GSA'S CULTURE OF INNOVATION & SUSTAINABILITY	<input type="checkbox"/>
PROPOSAL STRATEGIES & SUBCONTRACTING/TEAMING	<input type="checkbox"/>	GSA CONTRACT ADMINISTRATION & COMPLIANCE	<input type="checkbox"/>

SUBSTITUTE

LAST NAME _____ FIRST NAME: _____ MI: _____

WORK PHONE: _____ WORK -E-MAIL: _____

DO YOU HAVE ANY SPECIAL NEEDS?

(e.g., wheelchair, sight dog etc...)

PLEASE SELECT THE WORKSHOPS YOU WILL ATTEND

FEDERAL PROCUREMENT POLICIES & PROCEDURES	<input type="checkbox"/>	GSA CONTRACT VEHICLES	<input type="checkbox"/>
ACCESSING THE FEDERAL MARKET PLACE	<input type="checkbox"/>	GSA'S CULTURE OF INNOVATION & SUSTAINABILITY	<input type="checkbox"/>
PROPOSAL STRATEGIES & SUBCONTRACTING/TEAMING	<input type="checkbox"/>	GSA CONTRACT ADMINISTRATION & COMPLIANCE	<input type="checkbox"/>

SUBSTITUTE

LAST NAME: _____ FIRST NAME: _____ MI: _____

WORK PHONE: _____ WORK -E-MAIL: _____

DO YOU HAVE ANY SPECIAL NEEDS?

(e.g., wheelchair, sight dog etc...)

PLEASE SELECT THE WORKSHOPS YOU WILL ATTEND

FEDERAL PROCUREMENT POLICIES & PROCEDURES	<input type="checkbox"/>	GSA CONTRACT VEHICLES	<input type="checkbox"/>
ACCESSING THE FEDERAL MARKET PLACE	<input type="checkbox"/>	GSA'S CULTURE OF INNOVATION & SUSTAINABILITY	<input type="checkbox"/>
PROPOSAL STRATEGIES & SUBCONTRACTING/TEAMING	<input type="checkbox"/>	GSA CONTRACT ADMINISTRATION & COMPLIANCE	<input type="checkbox"/>

SUBSTITUTE

LAST NAME: _____ FIRST NAME: _____ MI: _____

WORK PHONE: _____ WORK -E-MAIL: _____

DO YOU HAVE ANY SPECIAL NEEDS?

(e.g., wheelchair, sight dog etc...)

PLEASE SELECT THE WORKSHOPS YOU WILL ATTEND

FEDERAL PROCUREMENT POLICIES & PROCEDURES	<input type="checkbox"/>	GSA CONTRACT VEHICLES	<input type="checkbox"/>
ACCESSING THE FEDERAL MARKET PLACE	<input type="checkbox"/>	GSA'S CULTURE OF INNOVATION & SUSTAINABILITY	<input type="checkbox"/>
PROPOSAL STRATEGIES & SUBCONTRACTING/TEAMING	<input type="checkbox"/>	GSA CONTRACT ADMINISTRATION & COMPLIANCE	<input type="checkbox"/>

Registration Confirmation will be provided in writing prior to the workshop series start date. Please do **NOT** make non-refundable travel reservations **before** you receive this confirmation. If the workshops are full, you will be notified of waitlist status.