



**CHI ALPHA OMEGA CHAPTER, ALPHA KAPPA ALPHA SORORITY, INC.
NON -TRADITIONAL ENTREPRENEUR BUSINESS DIRECTORY FORM**

NAME: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____ CITY _____ STATE ____ ZIP ____

TYPE OF BUSINESS: (i.e. retail, consulting) _____

PHONE NUMBER: _____

EMAIL: _____

WEB ADDRESS: _____

Number of years in business: _____

BUSINESS CLASSIFICATION:

NEW: _____

EMERGING: _____

ESTABLISHED : _____

I authorize Chi Alpha Omega Chapter to include my business in the NTE Business Directory ____

I authorize Chi Alpha Omega Chapter to include my business on the Chi Alpha Omega web site ____

I would like to be added to the Chi Alpha Omega Chapter mailing list for future NTE events ____

Please indicate the type of information that would be useful to you as an entrepreneur.

Return form to Renita Pettigrew at: in1908@sbcglobal.net