

**Snowy-Monaro Small Business  
Growth and Continuity Program**

**IT Skill Development Workshops -  
Expression of Interest**

Yes I would like to participate in the Snowy-Monaro Small Business Growth and Continuity Program - IT Skill development Phase

**Name:** \_\_\_\_\_

**Business:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

I would  
prefer to  
attend  
workshops at  
the following  
times:

- |  |   |
|--|---|
| <input type="checkbox"/> Monday Morning      | <input type="checkbox"/> Thursday Morning   |
| <input type="checkbox"/> Monday Afternoon    | <input type="checkbox"/> Thursday Afternoon |
| <input type="checkbox"/> Monday Evening      | <input type="checkbox"/> Thursday Evening   |
| <input type="checkbox"/> Tuesday Morning     | <input type="checkbox"/> Friday Morning     |
| <input type="checkbox"/> Tuesday Afternoon   | <input type="checkbox"/> Friday Afternoon   |
| <input type="checkbox"/> Tuesday Evening     | <input type="checkbox"/> Saturday Morning   |
| <input type="checkbox"/> Wednesday Morning   | <input type="checkbox"/> Saturday Afternoon |
| <input type="checkbox"/> Wednesday Afternoon | <input type="checkbox"/> Sunday Morning     |
| <input type="checkbox"/> Wednesday Evening   | <input type="checkbox"/> Sunday Afternoon   |

Please return completed form to :  
Snowy Monaro BEC  
PO Box 952  
COOMA NSW 2630  
Ph: 6452 5392 Fax : 6452 5393 Email: [info@snowybec.com.au](mailto:info@snowybec.com.au)