



**DBE Certification  
Application Assistance Workshop**

Please RSVP my firm for the May 17, 2011 DBE Certification Application Assistance Workshop:

Attendee Name & Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email\*\*:

\*\*Please be sure to include email address-most communication will be via email

Please e-mail or fax this completed form no later than May 13, 2011 to [ascott@hajoliet.org](mailto:ascott@hajoliet.org) or (815) 823-8731.