

Register



OMB Control Number: 3245- XXXX

Expiration Date:

Business Contact Information

First Name *

Middle Name

Last Name *

ZIP code *

Email Address *

Password *

Are you in business? *

☒ Yes

☐ No

Already have an account? [Log in](#)

Next

By registering you agree to all [SBA.gov](#) policies and disclaimers, including those specifically related to the Ascent platform, located [here](#).

PURPOSE: The Small Business Administration (SBA) has developed a new e-learning and networking platform for women entrepreneurs interested in accessing resources to support growing an existing business. Anyone can access the content on the system; however, to access all system features and benefits, users must create an account by completing the items marked with an asterisk (*) on the Registration Form. Registered users have the ability to interact with the learning platform by commenting, posting, discussing, rating, and creating a user profile. The information collection will enable SBA to better determine who is using the platform and the scope of their participation, and to develop a platform that would enable the user to tailor delivery of content to meet their needs. The information will also facilitate user connectivity to relevant resources (e.g., peer-to-peer learning, networking, mentoring).

The information provided will be protected to the extent permitted by law, including the Freedom of Information Act and the Privacy Act. Personally identifiable information that is used to retrieve information on any individual responding to this or other request for information related to SBA training resources is maintained in SBA's Privacy Act System of Records, SBA - 5 Business and Community Initiatives.

NOTE: According to the Paperwork Reduction Act, you are not required to respond to the questions asked on this registration form unless it displays a valid OMB Control Number. The estimated time to complete this registration is 8 minutes, including time for reading the instructions. Send comments regarding this estimated time, or any other aspect of this survey to the Chief, Records Management Division, Small Business Administration, 409 Third Street, SW. Washington, DC 20416; or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Rm. 10202, Washington, DC 20006.

Tell us about yourself. (cont.)

(optional)

1

I consider my gender identity:

(check only one)

- ☐ Male
- ☐ Female
- ☐ Other/Not Listed
- ☐ I prefer not to answer

2

I consider myself:

(check all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific islander
- ☐ White

3

I consider my ethnicity:

(check only one)

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Tell us about yourself. (cont.)

(optional)

4

Name of Business

5

Percent of business you own

6

Total number of employees

7

Types of business (industry)

(check all that apply)

- ☐ Retail
- ☐ Construction
- ☐ Information Technology
- ☐ Utilities
- ☐ Mining
- ☐ Manufacturing
- ☐ Finance and Insurance
- ☐ Wholesale Trade
- ☐ Public Administration
- ☐ Educational Services
- ☐ Real Estate and Rental and Leasing
- ☐ Healthcare and Social Assistance
- ☐ Accommodations and Food Services
- ☐ Arts, Entertainment and Recreation
- ☐ Transportation and Warehousing
- ☐ Professional, Scientific and Technical Services
- ☐ Management of Companies and Enterprises
- ☐ Agriculture, Forestry, Fishing and Hunting
- ☐ Administrative and Support
- ☐ Waste Management and Remediation Services

☐ Other:

Where would you like to be in 12 months?

(optional)

8

In twelve months, my goal is to increase my revenue by:
(Enter \$ or % amount)

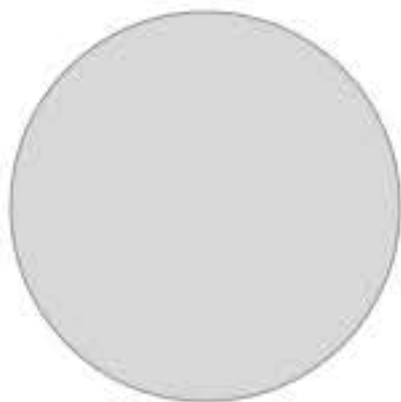
9

In twelve months, my goal is to increase my employment by:
(Enter # or % amount)

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Go Back

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Congrats!
You've successfully registered!

Take a look at your inbox for a confirmation email.