Register	
Business Contact Information	
First Name *	
First Name	
Last Name *	
Last Name	
Middle Name	
Middle Name	
Postal Code *	
Postal Code	
Email Address *	
Email Address	
Password *	
Password	
Confirm Password *	
Confirm Password	
At least one upper case letter	At least one lower case letter
At least one number	At least one special character
At least 12 characters	Passwords must match

The Small Business Act, Public Law (PL) 85-536 authorizes the Small Business Administration (SBA) to collect the information on this electronic format. It is mandatory to register with this learning platform and we will be collecting Name, Zip Code and Email information. By registering you consent to the collection process and storage of your information. In addition, you agree to all SBA.gov policies and disclaimers, including those specifically related to the MySBA Learning platform, located here.

PURPOSE: The Small Business Administration (SBA) developed a new e-learning and networking platform for women entrepreneurs interested in accessing resources to support growing an existing business. Anyone can access to the content on the system after registration. It is mandatory that users create an account by completing all the items marked with an asterisk (\*) on the Registration Form. The information collection will enable SBA to better determine who is using the platform and the scope of their participation in the a, 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 or 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.

OMB Control Number: 3245-0399 registration.expirationDate

NOTE: The Paperwork Reduction Act mandates that all federal government agencies receive approval from OMB. 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.

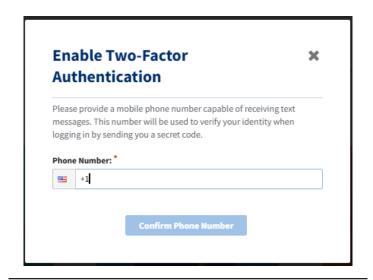
## Register





### Congrats, You've successfully registered!

Please take a look at your inbox to verify your email and begin your Journey!



# We texted your mobile phone number. Please enter the code below to sign in. MFA Code: \* MFA Code Did not receive code?

**Verify MFA Code** 

#### Tell us about yourself (optional) Are you in business?: (check only one) ○ Yes Sex: (check only one) O Male Female I consider myself: (check all that apply) American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific islander White I consider my ethnicity: (check only one) Hispanic or Latino Not Hispanic or Latino Prefer not to disclose Military Service Status: (check only one) Active Service Member O Veteran Military Spouse National Guard/Reserve Service-Disabled Veteran No Military Status

Sav

al)
Name of Business
Percent of business you own
%
Total number of employees
Choose One
Type 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
Health Care 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

## Tell us about yourself (cont)

(option	nal)			
8	In twelve months, my goal is to increase my revenue by			
	percent (%) 🕶			
9	In twelve months, my goal is to increase my number of employees by			
	percent (%) 🕶			
10	Are you certified for government contracting?: (check only one)			
	○ Yes			
	○ No			
	I don't know what that means			
11	What type of certifications do you hold?: (check all that apply)			
	Small Business (self certification)			
	WOSB or EDWOSB (SBA certification)			
	HZ (SBA certification)			
	8a (SBA certification)			
	VET (SBA certification)			
	SDVOSB (SBA certification)			
12	Are you currently procuring through the federal government?:			
	(check only one)			
	○ Yes			
	○ No			
	O I don't know what that means			
	Previous Save			

# Lets get started on your journey



Get started now!