



**ABM UNIVERSITY  
ENTREPRENUERSHIP  
COMPETITION**



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FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY/TOWN/VILLAGE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

**ADDITIONAL INFORMATION**

<b>AGE</b>	
<b>EDUCATIONAL BACKGROUND</b>	
<b>OCCUPATION</b>	
<b>INDUSTRY</b>	
<b>INTERESTS</b>	