

Venture Challenge™

2010 SEMI FINALIST INFORMATION SHEET

University: _____

Advisor Name: _____ Email: _____

Address: _____

Team Leader Name: _____ Email: _____

Address: _____

Team Member Name: _____ Email: _____

Team Member Name: _____ Email: _____

Team Member Name: _____ Email: _____

Team Member Name: _____ Email: _____

Name of Business: _____

Description of Business (50 words or less): _____

*Please submit this form by Friday, February 19th to the EMC.
You may include this document with your business plans and contract or fax/email it.*

Attn: Venture Challenge

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