

# ***Train the Sales Trainer - Course Registration Form***

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ #Stores/Employees \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Workshop Date \_\_\_\_\_ Location \_\_\_\_\_

Number of Participants \_\_\_\_\_ @ \$ \_\_\_\_\_ ea. Total U.S. \$ \_\_\_\_\_

\_\_\_\_\_ Bill my Company

\_\_\_\_\_ Check enclosed

\_\_\_\_\_ Visa/MC/Amex/Discover # \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Please print names of each attendee to ensure the correct spelling on their  
***Certificate of Completion.***

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Course runs from 9:00 am until 5:00 pm 1<sup>st</sup> & 2<sup>nd</sup> day –  
9:00 am – 4:00 pm 3<sup>rd</sup> day!  
Dress – Business Casual

**If you are mailing in your registration—please send to the addresses below:**

**IAS Training  
6655 W Jewell Ave., Suite 210  
Lakewood, CO 80232**