

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 1st & 2nd day –

9:00 am – 4:00 pm 3rd day!

Dress – Business Casual

Fax, email or mail in your registration—please send to the addresses below:

<p>IAS Training P.O. Box 27803 Denver, CO 80227 Fax – 303-936-9581 Email – info@iastraining.com</p>
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