

PMSA Relationship Selling - 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.

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**