

# ***Business Strategies & Solutions***

## **Course Registration Form**

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

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

Address \_\_\_\_\_

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

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

E-mail \_\_\_\_\_ Seminar Date \_\_\_\_\_ Location \_\_\_\_\_

Participants \_\_\_\_\_ @ \$995.00 ea. Total U.S. \$ \_\_\_\_\_

Number of Participants \_\_\_\_\_ @ less 10% Total U.S. \$ \_\_\_\_\_

Less Association Discount Total U.S. \$ \_\_\_\_\_

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 8:30 am until 5:30 pm both days –  
Dress – Business Casual

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

**IAS Training**  
**6655 W Jewell Ave., Suite 210**  
**Lakewood, CO 80232**  
**Fax – 303-936-9581**  
**Email – [info@iastraining.com](mailto:info@iastraining.com)**