



Sales PRO 2.0 Workshops

Phoenix, AZ: March 28-29 ♦ Atlanta, GA: April 4-5 ♦ Chicago, IL: April 18-19

Company Information

Company & Contact Person's Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone (Work): _____

Please list attendees and meeting location (Phoenix, Atlanta, or Chicago). If sending more than three attendees, please attach additional names and details.

Attendee Name: _____ **Meeting Location:** _____

Cell Phone: _____ Email: _____

Attendee Name: _____ **Meeting Location:** _____

Cell Phone: _____ Email: _____

Attendee Name: _____ **Meeting Location:** _____

Cell Phone: _____ Email: _____

Payment Information

The Registration Fee is \$275 per person. The fee includes program materials, breaks, lunch, and the group dinner.

_____ Attendees at \$275 each = \$_____ total (USD)

Check enclosed *(Please make checks payable to STAFDA and mail with this form. Do not send check and form separately.)*

Credit Card American Express Discover MasterCard Visa

Cardholder Name: _____

Credit Card Number: _____

Expiration Date: _____ Security code: _____

Billing Address: _____

Signature: _____

Send form with payment to: P.O. Box 44, Elm Grove, WI 53122-0044 ♦ **For Overnight Mail:** 500 Elm Grove Rd., Ste. 210, Elm Grove, WI 53122 ♦ Fax: 262/784-5059 ♦ Email: info@stafda.org

Details and individual site agendas are in members-only section of www.stafda.org under the Education tab.