

## MAKE SURE TO BRING YOUR OWN CELL PHONE AND LAPTOP

**\*\*Fax Completed Registration Form to 704-997-8167**

*Any questions please contact our Sales Department at sales@bdcexperts.com or 877-405-3258*

### Registration Information:

Dealership	Contact & Position	
Accounts Payable Contact	Accounts Payable Email	
Phone Number	Fax Number	
Address		
City	State	Postal Code

Attendees Name 3 Day 4 Day Mgmt Day	Title	Email
Attendees Name 3 Day 4 Day Mgmt Day	Title	Email
Attendees Name 3 Day 4 Day Mgmt Day	Title	Email
Attendees Name 3 Day 4 Day Mgmt Day	Title	Email
Attendees Name 3 Day 4 Day Mgmt Day	Title	Email
Attendees Name 3 Day 4 Day Mgmt Day	Title	Email

Pricing: <i>per seat</i>	Dates:
<b>\$1995 - 3 Day</b>	October 15 <sup>th</sup> - 17 <sup>th</sup>
<b>\$2495 - 4 Day</b>	October 15 <sup>th</sup> - 18 <sup>th</sup>
<b>\$595 - 1 Day Management Day</b>	October 18 <sup>th</sup> ( <i>Management Day</i> )
<i>*4 Day fee if you take monthly visits with PDS \$1995</i>	Client Non-Client
<i>**Sending 5 or more? Reduce Your Fee by \$500</i>	

Credit Card Authorization		
Authorized User	Title	
Credit Card Billing Address		
City	State	Postal Code
Credit Card Number	Expiration Date	Security Code
		<b>Amount to be Charged \$</b>
<small><b>Authorization Details:</b> I authorize this amount to be charged to my credit card. I understand that in order to receive a full or partial refund for non-attendance, I must notify Proactive Dealer Solutions, LLC of any changes regarding attendance at least 72 hours (3 business days) prior to the start of the workshop. I understand that I am solely responsible for all travel expenses incurred.</small>		Signature of Authorized User

**Please Fax Completed Registration Form to 704-997-8167 or email: sales@bdcexperts.com**

16409A Northcross Drive Huntersville, NC 28078 1-877-405-3258 www.bdcexperts.com

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