

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: |
|--|---|
| \$1995 - 3 Day | August 20 th - 22 nd |
| \$2495 - 4 Day | August 20 th - 23 rd |
| \$595 - 1 Day Management Day | August 23 rd (<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 |
| | | Amount to be Charged \$ |
| <small>Authorization Details: 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 |

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

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