

**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

<b>Pricing:</b> <i>per seat</i>	<b>Client</b>	<b>Non-Client</b>	<b>Dates:</b>
<b>\$1495 - 3 Day</b>		<b>\$1995 - 3 Day</b>	April 8 <sup>th</sup> - 10 <sup>th</sup>
<b>\$1995 - 4 Day</b>		<b>\$2495 - 4 Day</b>	April 8 <sup>th</sup> - 11 <sup>th</sup>
<b>\$595 - 1 Day (Mgmt Day)</b>		<b>\$595 - 1 Day (Mgmt Day)</b>	April 11 <sup>st</sup> (Management Day)
<b>**Sending 5 or more? Reduce Your Fee by \$500</b>			Client      Non-Client

**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>
<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.		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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