

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:
<p>\$1995 - 3 Day</p> <p>\$2495 - 4 Day</p> <p>\$595 - 1 Day Management Day</p> <p><i>*4 Day fee if you take monthly visits with PDS \$1995</i></p> <p><i>**Sending 5 or more? Reduce Your Fee by \$500</i></p>	<p>December 12th-14th</p> <p>December 12th-15th</p> <p>December 15th (<i>Management Day</i>)</p> <p>Client Non-Client</p>

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 \$
<p><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></p>		Signature of Authorized User

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

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