



SALES MANAGEMENT BOOT CAMP REGISTRATION FORM

Name _____
Company _____
Title _____
Company Address _____
City, State, Zip _____
Office Phone _____
Cell Phone _____
Business Email: _____
Personal Email: _____

PROGRAM DETAILS

LOCATION: Chicago, IL

TIME: Tuesday 8:00am – 5:00pm

Wednesday 7:30am – 4:00pm

AVAILABLE SESSIONS: (Please check session you will attend)

- June 8–9, 2010 (Hartford, CT)
 September 14–15, 2010 (Chicago, IL)
 November 16–17, 2010 (Chicago, IL)

PROGRAM INVESTMENT: \$1295

I will pay with a check*

* Please make checks payable to Building Leaders, Inc.

Please Bill My Credit Card: Visa MC Amex

ACCOUNT # _____ Exp. Date _____ V

Code: _____

Name: _____

Address of Cardholder: _____

Signature _____

ACCOMMODATIONS

Building Leaders Inc. has secured a discounted room rate for attendees.

Check-In Date _____

Check-Out Date _____

Note: The hotel will charge you directly for your room and incidental expenses.

Return this form with payment to:

Building Leaders Inc. /PO Box 408263 / Chicago, IL 60640 / Fax (773) 769-4947