



Print Management Solutions Group

1457 North US Highway 1, Suite 24

Ormond Beach, FL 32174

800-403-9379

Fax: 386-898-0004

info@printmanagementsolutionsgroup.com



Participant Enrollment Form

BILL TO

Company: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

NOTE: Please provide name and address as it appears on the credit card statement.

Name:	Position:	Email:
Name:	Position:	Email:
Name:	Position:	Email:
Name:	Position:	Email:
Name:	Position:	Email:
Name:	Position:	Email:

NOTE: Attach work address, phone, and fax number for all attendees if different from above.

Program Description and Date	Quantity	Cost	Total
Selling Managed Print Services April 16-17, 2012 – Las Vegas, NV	1 seat	\$1395.00	
	2+ seats	\$1295.00	
	5+ seats	\$1195.00	
Total Investment			

Credit Card Number: _____	Exp. Date: _____
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Buyer's Signature

Print Management Solutions Group

800-403-9379

Buyer's Name / Title (Please Print)

www.printmanagementsolutionsgroup.com

Date