



**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 March 6-7, 2012 – Dallas, TX	1 seat	\$1395.00	
	2+ seats	\$1295.00	
	5+ seats	\$1195.00	
<b>Total Investment</b>			

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

\_\_\_\_\_  
 Print Management Solutions Group  
 800-403-9379  
[www.printmanagementsolutionsgroup.com](http://www.printmanagementsolutionsgroup.com)

\_\_\_\_\_  
 Buyer's Name / Title (Please Print)

\_\_\_\_\_  
 Date