



**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	
	3+ 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

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

800-403-9379  
[www.printmanagementsolutionsgroup.com](http://www.printmanagementsolutionsgroup.com)

\_\_\_\_\_  
Date