

1 CONFERENCE

Conference City: _____

Conference Date: _____ Conference No: _____

2

Mr: _____
Ms: _____

TITLE: _____ Charged: \$ _____.⁰⁰
Sales Manager F&I Seminar Both Menu Selling Other _____

Mr: _____
Ms: _____

WHO WILL BE ATTENDING?

TITLE: _____ Charged: \$ _____.⁰⁰
Sales Manager F&I Seminar Both Menu Selling Other: _____

Mr: _____
Ms: _____

TITLE: _____ Charged: \$ _____.⁰⁰
Sales Manager F&I Seminar Both Menu Selling Other: _____

APPROVING MGR'S NAME: Mr. Ms: _____

TITLE: _____

(Please list additional names on a separate sheet.)

3

Organization: _____

Mailing Address: _____

YOUR ORGANIZATION

City: _____ State: _____ Zip _____

Telephone: () _____ Fax: () _____

4

Important: Send your payment now; tuition is due before the seminar. Make checks payable to Ziegler Supersystems, Inc. Please return this form to: **Ziegler Supersystems, Inc., 3950 Shackelford Road, Suite 100 Duluth, GA 30096.**

Please Check one of the following:

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2. Our Purchase order is attached. P.O. # _____

3. Bill my organization. Attention: _____

4. Charge to: AMEX MasterCard Visa Discover Bill Company

Acct. No. _____

Exp. Date: _____

Signature: _____

Important: No refund. Fee includes seminar instruction and all workbook materials

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CONFIRMATION #:

Seminar #:

Seminar City:

Organization:

OFFICE USE ONLY

REP: _____
AGNT: _____
DATE: _____