



For Internal Use Only	
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SUCCESSFUL SALES MANAGER

DATE: _____

NAME: _____ TITLE: _____

ID NUMBER: _____ BADGE NAME: _____

ADDRESS: _____

PHONE #: _____ EMAIL/FAX: _____

CHOOSE A TRAINING FEE

Registration

**** A \$5.00 processing fee will be added to your registration****

Leadership Advantage Program \$0 2 nights, breaks, meals & materials

Couple \$400 2 nights, breaks, meals & materials

SPOUSE NAME: _____

Single with Private Room \$340 2 nights, breaks, meals & materials

Two single people sharing a room \$220 per person 2 nights, breaks, meals & materials

ROOM MATE NAME: _____

(Room mate must also send in a registration form separate from this one)

NAME: _____ IBO # _____

HOTEL NEEDED please circle YES NO

Hotel room provided for the two (2) program nights

Hotel arrival date: _____ Hotel departure date: _____ King Bed Two Beds

PAYMENT OPTIONS:

Check Enclosed (if mailing only)

PAC# _____

Credit Card/E-Acct Cardholder Name _____

Card Number _____ Exp _____

Mail to: Conklin Meetings Department 3951 NE Kimball Drive Kansas City, MO 64161 or Fax to 952-224-5105