



# VEHICLE PRODUCTS TRAINING

TRAINING DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ FIRST NAME FOR BADGE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ IBO NUMBER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_ SPONSOR: \_\_\_\_\_

CHOOSE A TRAINING FEE	Early Registration	Regular Registration
<b>** A \$5.00 processing fee will be added to your registration**</b>		
<input type="checkbox"/> Package Free Bonus Training <i>(NO DISCOUNT INCLUDED)</i>	\$0	\$0
<input type="checkbox"/> Discount Option (3% for 5 years)	\$225	\$275
<input type="checkbox"/> No Discount Option	\$99	\$149
<input type="checkbox"/> Upgrade (from free bonus to discount)	\$126	\$126
<input type="checkbox"/> Audit: (previously attended with discount)	\$99	\$149
<input type="checkbox"/> Guest: (1 per IBO)	\$99	\$149
<input type="checkbox"/> Spouse:	\$35	\$85
<input type="checkbox"/> Sponsor/Sit In:	\$35	\$85
Who are you sponsoring _____		

**HOTEL NEEDED (not included in this training):**    please circle    **YES**    **NO**

Hotel arrival date: \_\_\_\_\_ Hotel departure date: \_\_\_\_\_      King Bed    Two Beds

**PAYMENT OPTIONS:**

Check Enclosed (if mailing only)

PAC Name: \_\_\_\_\_ PAC # \_\_\_\_\_

Credit Card/E-Acct

Name on Credit Card: \_\_\_\_\_ Credit Card Billing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Card Number \_\_\_\_\_ Exp \_\_\_\_\_

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