



6979 Kingspointe Parkway, Suite 11
 Orlando, FL 32819
 Phone: 407-447-5209
 Fax: 407-982-7194

Registration Form

SMA's SUPER Superintendent Training Workshop

Event Date: **April 13-14 & October 12-13, 2017** (Thursday 8:30 AM – 5 PM | Friday 8:30 AM - 3:00 PM)

Event Location: **Orlando, FL (SMA Offices: 6979 Kingspointe Pkwy Ste.11, Orlando, FL 32819)**

Company Name:	
Name of Attendees:	
Total Number of Attendees:	
Email Address of Attendees:	
Title of Attendees:	
Use additional copies if needed.	

See chart for pricing information:

	1st attendee	2nd attendee	3 rd + attendee
Non-client	\$799	\$599	\$349
Inner Circle/Client	\$599	\$399	\$249

One or more of my attendees requires a physical printed binder for the session.

Number of binders needed _____ (\$25 Charge per binder applies)

Total payment \$ _____

Check
[Please attach copy and mail]

Credit Card — Visa MC AMEX
[Please circle one and complete below]

Number: _____

Exp. Date: _____

Name on Credit Card: _____

Card Security Code: _____

Credit Card Billing Information and Address

Company Name: _____ Phone #: _____

Contact Person: _____ Email: _____

Address: _____

*** We cut off registration at the first 10 attendees/session to keep the training personal.**

**Please email completed forms to bwhitten@smaops.com
 or fax to 407-982-7194 – Thank you!**