

➔**The Joe Ellers' Sales Excellence LIVE Training Event**➔

Reservation Form

___ **Yes Joe, I want people from our company admitted to the event and join you on April 10 & 11 in Chicago at Your First Ever Sales Excellence Live training event because, we too want to have 2008 be far better than 2007.**

___ **Payment: I understand you will give me the option to pay by credit card, send in payment by check now, or rush my registration by accepting this application as a Purchase Order and Invoice my company.**

___ I would also like to register 5 or more people and receive an Additional 10% discount

___ Please ship me via priority mail, the Pre-Event package so I and my team can begin preparing to attend this event

___ Sorry Joe, I can NOT attend the Sales Excellence Live Training event in April, but would like to take you up on your generous offer of purchasing all the recordings of it as well as the materials all participants receive at the live training event. I understand this does not replace the live experience and value, but that it does provide excellent value that can be used and implemented now. Rush me this package after the event for: **\$1,495.00**

Pricing:

Managers- **\$595 for both days**
Sales- **\$395 for April 11**

Discounts: discounts are good only through March 1, 2008 (no exceptions)

- 10% Discount of listed price for 5 or more people (any combination)

Optional Up Grades: *Must be registered for the event to qualify***

___ 3 month follow up group tele-coaching series to begin two weeks after the event. **Unlimited Attendance: \$195 per company**

___ Recordings of the entire event for future use: **\$495**

(Registration form on reverse side)

Joe Eilers LIVE Sales Excellence Event, Chicago, 2008

Reservation Form

Company Contact Information-

Name: _____ Title/Position _____

Company: _____

Mailing Address _____

City: _____ State: _____ Zip: _____

Day Time Phone: () _____ Email: _____

Registration Information-

1. We are sending _____ Sales Managers at \$595.00 each for both days
2. We are sending _____ Sales People at \$395 each for the second day
3. We qualify for the 10% discount for 5 or more total participants
4. Total: \$ _____ Enclosed check or Charge on credit card
5. Please provide names and positions typewritten on a separate sheet.

Please Bill My Credit Card: FAX to: 864.654.8527
(Please print clearly in block style print)

Name on Card: _____

Company: _____

Card # _____

Expiration Date: _____ Type of Card: _____

Signature _____

Billing Address for Card: _____

City: _____ State: _____ Zip: _____

Day Time Phone: () _____ Email: _____

Please Accept My Enclosed Check Payable to Consulting Associates
and Mail to: PO Box 1294 Clemson, SC 29633

Fax or Mail With Payment to: 864.654.8527

If you have questions, please leave a message at: 864.654.3997