



Used Vehicle Manager's School Enrollment Form
PLEASE PRINT LEGIBLY

Name: _____
(AS YOU WISH IT TO BE ON TRAINING CERTIFICATE)

Current dealership: _____

Dealership address: _____

City: _____ State: _____ Zip: _____

Dealership phone #: _____ Fax #: _____

Email Address: _____

Position: _____

Time in the automobile business: _____ years _____ months

Time in Sales: _____ years _____ months

Date of school you wish to attend: _____

May we reserve a hotel room at Hyatt Summerfield Suites for you? Yes No

Please check the appropriate nights you will need: Sun Mon Tues
_____ This is a non smoking hotel _____

Lodging:

We currently have a corporate agreement with Hyatt Summerfield Suites, located approximately ten minutes from our Corporate Training Center. We will be happy to reserve a room for you; however, you will be responsible for all lodging costs. We have special room rates of \$109.00-\$129.00 based on suite type, plus applicable taxes. If we are unable to reserve a room at the Bradford we will locate the best available rate in the area. Please let Brittney know if she can assist you with a room reservation by checking the appropriate boxes above.

If you are arriving from out of town, we recommend that you arrive the night before. Classes begin PROMPTLY at 9:00 AM each day.

Fax completed form to:
First Innovations
512-346-1192
Attn: Brittney McFall