

Training For Success Registration April 23-25, 2008

Name: _____
Title: _____
Company: _____
Address: _____
City/State/Zip: _____
Phone #: _____ Ext. _____
Fax #: _____
E-mail: _____

Please indicate your method of payment:

All 3 Days—\$1195.00
(Price will increase for third quarter training session)

Visa ____ MasterCard ____ American Express ____

Card Number: _____
Expiration: _____
Signature: _____

**Registration/Cancellation Deadline:
April 9, 2008**

**Cancellations received after this date will not be eligible for a
refund, but the registrant may attend any future session.**

Mail or fax registration to:

Competitive Edge, Inc.
PO Box 2418
Peachtree City, GA 30269
(770) 487-6460
Fax: (770) 487-2919

***Special room rates available at
the Hampton Inn.***

***Call (770) 486-8800 and identify
yourself as being with the
Competitive Edge, Inc. Group.***