

Registration

Dealership Name: _____ DSC Acct #: _____

Email: _____ Phone: (____) _____

Duct Design for Profit & Efficiency

March 12th - 13th (Carmel, IN)

Attendee(s): _____

Payment: ___ Cash ___ Check ___ Credit Card ___ On Account (PO# _____)

*Hotel Accommodations: Renaissance Indianapolis North, at \$154 per night, at Dealer's expense.

How many rooms? ___ Check-in date: _____ Check-out date: _____

ASSET Sales Training

March 25th - 28th (Indianapolis, IN)

Attendee(s): _____

Payment: ___ Cash ___ Check ___ Credit Card ___ On Account (PO# _____)

*Hotel Accommodations: Crowne Plaza Airport, at \$119 per night, at Dealer's expense.

How many rooms? ___ Check-in date: _____ Check-out date: _____

Don't Sell C.A.R.E. Technician Training

April 15th - 16th (Indianapolis, IN)

Attendee(s): _____

Payment: ___ Cash ___ Check ___ Credit Card ___ On Account (PO# _____)

*Hotel Accommodations: Crowne Plaza Airport, at \$119 per night, at Dealer's expense.

How many rooms? ___ Check-in date: _____ Check-out date: _____

Wiring Diagrams & Financial Statements

September 10th (Indianapolis, IN)

Attendee(s): _____

Payment: ___ Cash ___ Check ___ Credit Card ___ On Account (PO# _____)

Building Profit & Wealth

September 11th - 12th (Indianapolis, IN)

Attendee(s): _____

Payment: ___ Cash ___ Check ___ Credit Card ___ On Account (PO# _____)

*Hotel Accommodations: Crowne Plaza Airport, at \$119 per night, at Dealer's expense.

How many rooms? ___ Check-in date: _____ Check-out date: _____

Furnace Heat Exchanger Inspection Training

September TBD (Fort Wayne, IN)

Attendee(s): _____

Payment: ___ Cash ___ Check ___ Credit Card ___ On Account (PO# _____)

Focus on Financing

October 1st (Fort Wayne, IN)

Attendee(s): _____

Payment: ___ Cash ___ Check ___ Credit Card ___ On Account (PO# _____)

No Pressure Selling

October 2nd-3rd (Fort Wayne, IN)

Attendee(s): _____

Payment: ___ Cash ___ Check ___ Credit Card ___ On Account (PO# _____)

*Hotel Accommodations TBD.

ASSET Sales Training

October 15th - 18th (Cincinnati, OH)

Attendee(s): _____

Payment: ___ Cash ___ Check ___ Credit Card ___ On Account (PO# _____)

*Hotel Accommodations TBD.

Return registration to training@duncansupply.com or by fax (317) 264-6689

Cancellations must be made 24 hours prior to training date. Failure to do so may result in full charge of class.