



learningoutsourcgroup

### Learning Outsource Group

1457 North US Highway 1, Suite 24  
Ormond Beach, FL 32174  
800-403-9379  
Fax: 386-898-0004  
info@learningoutsourcgroup.com

## Participant Enrollment Form

### BILL TO

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_


Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**NOTE: Please provide name and address as it appears on the credit card statement.**

### PERSON(S) ATTENDING

Name:	Position:	Email:
Name:	Position:	Email:
Name:	Position:	Email:
Name:	Position:	Email:
Name:	Position:	Email:

Program Description and Date	Quantity	Cost	Total
 <b>September 9 - 11, 2020</b> <b>Virtual Instructor Led Training</b>	One Attendee	\$1945.00	
	Additional Attendees	\$1795.00 each	
<b>Total Investment</b>			

<b>Credit Card Number:</b> _____	<b>Exp. Date:</b> _____
----------------------------------	-------------------------

\_\_\_\_\_  
Buyer's Signature

\_\_\_\_\_  
Buyer's Name / Title (Please Print)

\_\_\_\_\_  
Learning Outsource Group  
800-403-9379  
[www.learningoutsourcgroup.com](http://www.learningoutsourcgroup.com)