

# ProSolutions

Your Business Solutions Provider

## COURSE REGISTRATION FORM

MAS 90 / MAS 200 Distribution Period and Year-end Processing Procedures  
Wednesday, December 15, 2010 1pm – 3pm

COMPANY \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

1<sup>ST</sup> ATTENDEE'S NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

(Last) (First)

2<sup>ND</sup> ATTENDEE'S NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

(Last) (First)

3<sup>RD</sup> ATTENDEE'S NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

(Last) (First)

4<sup>TH</sup> ATTENDEE'S NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

(Last) (First)

5<sup>TH</sup> ATTENDEE'S NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

(Last) (First)

6<sup>TH</sup> ATTENDEE'S NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

(Last) (First)

7<sup>TH</sup> ATTENDEE'S NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

(Last) (First)

8<sup>TH</sup> ATTENDEE'S NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

(Last) (First)

NUMBER OF ATTENDEES \_\_\_\_\_ COURSE FEE PER ATTENDEE: \$250 TOTAL: \$ \_\_\_\_\_

PAYMENT MUST BE RECEIVED BY 12/10/10 TO GUARANTEE THE REGISTRATION IN THIS CLASS

MAIL FORM AND PAYMENT TO: ProSolutions  
10650 Treena Street, #104  
San Diego, CA 92131

FAX TO: (858) 695-3901

EMAIL TO: donnap@prosolutions.com

FOR ANY QUESTIONS CALL: (858) 695-3900