

# elite crete midsouth inc

536 Airport Road  
Hot Springs, AR 71913

## TRAINING REGISTRATION FORM

Complete this form and mail or fax to 501-623-3405 to schedule your attendance of our next training seminar.

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

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

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Cell# \_\_\_\_\_ E-mail \_\_\_\_\_

Web Site \_\_\_\_\_ Business Type \_\_\_\_\_

Most interested in \_\_\_\_\_

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The cost to attend our seminar is \$250 Extra person is \$150. Meals are included.  
\*\*\*\*\*Registration and payment must be received 10 days prior to training.  
Bring your work clothes, this is a hands on class.

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Check payment included and mailed on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Drivers License # \_\_\_\_\_

Visa or MasterCard payment: Card holder's name: \_\_\_\_\_

Card number: \_\_\_\_\_ Exp. date: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Please print \_\_\_\_\_

Signature \_\_\_\_\_

Thank you for registering.  
I look forward to working with you.  
Brad Holmes, **elite crete midsouth**  
501-282-7719