



Enrollment Form

Contact Information

| | | |
|---------------------------------------|---------------|------------|
| Contact Name | Company Name | |
| Address | Phone number | Fax number |
| City, State/Province, Zip/Postal Code | Email address | |

| | | |
|--|--------------------------------------|---|
| Do you currently own a business? | Specify Industry/Type | What industry (ies) do you wish to target? (check all that apply) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Marine <input type="checkbox"/> Industrial/Machinery <input type="checkbox"/> Modular <input type="checkbox"/> Transportation <input type="checkbox"/> Construction <input type="checkbox"/> Other(specify): |
| Do you currently have a website? | How did you hear about ShrinkWrap U? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

What topics would be most beneficial to you? What are your reasons for attending ShrinkWrap U?

Participants

Please include all participants below (even if used above). If you wish to sign up more than 3 participants, please contact Ryan at 800.968.5147 or ryan@dr-shrink.com to set up a private training session.

| | | |
|---|--|--|
| Full Name of Participant | Please list any food allergies or special food requirements: | |
| Please select a shirt preference: <input type="checkbox"/> Long-sleeved <input type="checkbox"/> Short-sleeved | Please select a size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large | |
| Full Name of Participant | Please list any food allergies or special food requirements: | |
| Please select a shirt preference: <input type="checkbox"/> Long-sleeved <input type="checkbox"/> Short-sleeved | Please select a size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large | |
| Full Name of Participant | Please list any food allergies or special food requirements: | |
| Please select a shirt preference: <input type="checkbox"/> Long-sleeved <input type="checkbox"/> Short-sleeved | Please select a size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large | |

Class date you wish to attend:

Payment Information

To hold your spot(s) in the next ShrinkWrap U course, please provide your credit card information. Your card will be charged up front for \$250.00.

| | | |
|--------------|--------------------|-----------------|
| Name on Card | Credit Card Number | Expiration Date |
|--------------|--------------------|-----------------|

Billing Address for Card



315 Washington St.
Manistee, Michigan 49660-1855

P: (800) 968-5147
P: (231) 723-2685 (Outside U.S.)
F: (231) 723-9586

www.dr-shrink.com