

**PERFORMANCE MANAGEMENT, INC.
TRAINING REGISTRATION FORM**

(Please Print)					
Today's date:					
LEARNER INFORMATION					
Last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.
Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer Name	Position			
Street address (home or, if employed, employer):		Cell Number ()	Work Number (if applicable) ()		
P.O. box:	City:	State:	ZIP Code:		
Course Start Date	Course Name		Location		
Payment		<input type="checkbox"/> Check No.: _____			
<input type="checkbox"/> Visa	<input type="checkbox"/> AMEX	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover		
CC Number	Name on Card				
Expiration Date:	CCV:				
Card Address (City, State, Zip):					

Please scan and email the completed form to info@pmi-online.com, fax it to 313.561.3920, or mail it to

Performance Management, Inc.
ATTN: Learner Registration
1103 Washington St.
Dearborn, MI 48124