



Floyd Wickman's
**MASTER SALES
ACADEMY**

2010

Registration Form

January 8th, 9th & 10th, 2010

Name: _____

Phone: _____ Email: _____

Company: _____ Branch: _____

Company Phone: _____ Company Fax: _____

Address: _____

City: _____ State/Prov: _____ Zip: _____

Check # _____ (all checks should be made payable to Floyd Wickman Team)

Cash AMEX VISA Expiration Date -

Charge MasterCard Discover CVC Code _____

Card #

Name as it appears on Card: _____

Credit Card Billing Address: _____

City: _____ State/Prov: _____ Zip: _____

MSA Enrollment - \$ 595.00 Paid in Full

MSA Enrollment - **Installment Payment Plan**
_____ installments of \$59.50 paid on the 15th of each month
with the remaining outstanding balance due 12/15/2008.

Signature: _____ **Date:** _____

By my signature, I authorize, The Floyd Wickman Team, LLC to process my Credit Card, as indicated above. I understand, if choosing the payment plan, this is a convenience offered by The Floyd Wickman Team and I am obligated for the total amount due. I understand the ticket may be transferred to another attendee for 2010 and is non-refundable.