BLAIR CONSULTING GROUP, INC.

Fax or mail registration form

Registration for: ☐ SAP Qualification Training $425

I am taking this training as (check one): ☐ My Qualification Training
☐ My required 12 hours of continuing education

City and date of training: _____

First Name: _____

Last Name: _____

First name (for your nametag): _____

Name as you want it
to appear on your certificate: _____

Employer: _____

Title: _____

Credentials/license: _____

Address: _____

_____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

(Please include your email address, as your confirmation and pre-training information will be emailed.)

If paying by check, make the check payable to: Blair Consulting Group, Inc.

MAIL to: Blair Consulting Group, Inc.
3243 East Calhoun Parkway
Minneapolis, MN 55408-3311

or **FAX** to: 612-827-1886

Credit card information:

VISA/MasterCard/AmEx #: _____ Exp. Date: _____

Name on the card: _____

Billing address for card: _____

_____

Upon receipt of payment, you will receive an email confirmation of your registration.
For more information, or to register online, visit our website,
www.blairconsultants.com