

Please visit [www.aviorgroup.com](http://www.aviorgroup.com) for complete information on each training program.

### Attendee Information

Salutation:	Business Name:		
First Name:	Title:		
Last Name:	Work Phone:	Fax:	
Contact Phone:	Business Address:		
Email Address:	City:	State:	Zip:

### Select Program

#### 1/2 Day - Awareness Training

- February 8, 2008** - 8 AM to 12 PM - Registration Begins at: 7:30 AM  
Cost: \$295.00

#### 2 1/2 Day Champion Training

- February 27 - 29, 2008**  
Cost: \$1,995 USD

#### 2 Week Green Belt Training

- Week 1 (DMA): April 7-11, 2008 - Week 2 (AIC): May 5- 9, 2008**  
Cost: \$3,995 USD (for Green Belt only)

#### 2 Week Black Belt Training

- Week 1: June 2 - 6, 2008 - Week 2: July 7 - 11, 2008**  
\$3,995 USD (*after* Green Belt)

#### 4 Week Green & Black Belt Training

- Green & Black Belt - Pay for all four weeks in advance for \$7,495 USD

### Training Location:

ASU Mercado Complex, 502 E. Monroe St., Building Phoenix, AZ 85004

**See Payment Options on Next Page**

## Payment Options



### Credit Card (Visa, MC, DISC, AMEX)

You may call (602) 438-9732 so we can process your transaction by phone. Be prepared to provide your card number, card "security" number on the back, card's current billing address, and card's expiration date. If you prefer, you may complete the second page of the form and fax it to the number below.

### Send Check via Mail

Please make checks out to **Avior Group**. Include with a copy of this form and send to:  
P.O. Box 1440, Tempe, AZ 85280-1440  
Please fax the 2 Page Completed Registration to: 480-664-7457

For the online registration and payment - visit: [www.aviorgroup.com](http://www.aviorgroup.com)

### Credit Card Payment Form

Name as it appears on Credit Card:	Business Name:
Billing Address:	City: State: Zip:
Billing Phone:	Email:
Credit Card Type:	<input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> DISC <input type="checkbox"/> AMEX <input type="checkbox"/> CHECK ENCLOSED
Credit Card Number:	
Expiration Date:	
Card Security Code:	<i>(Three digit number on the back of the card):</i>

I authorize this credit card transaction, in the amount of \$\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax all pages  
For the online registration and payment - visit [www.aviorgroup.com](http://www.aviorgroup.com)  
With any questions or concerns, please contact us at: 602-438-9732 or E-Mail us at: [d.laux@aviorgroup.com](mailto:d.laux@aviorgroup.com)

Comments: