

Finance & Insurance School Enrollment Form PLEASE PRINT LEGIBLY

Name:		
Name:(AS YOU WISH IT TO BE ON TRA	INING CERTIF	TICATE)
Current dealership:		
Dealership address:		
City:	State:	Zip:
Dealership phone #: Fax #:_		77-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-
Position:		
Email Address:		
Time in the automobile business:years	months	
Time as F&I Manager: years	months	
Date of school you wish to attend:	<u> </u>	
May we reserve a hotel room at Hyatt Summerfield Suit	tes for you?	YesNo
Please check the appropriate nights you will need: SunThis is a non smoki	Mon ng hotel	_ Tues
Ladaina		

We currently have a corporate agreement with Hyatt Summerfield Suites, located approximately ten minutes from our Corporate Training Center. We will be happy to reserve a room for you; however, you will be responsible for all lodging costs. We have special room rates of \$109.00-\$129.00 based on suite type, plus applicable taxes. Please let Brittney know if she can assist you with a room reservation by checking the appropriate boxes above.

If you are arriving from out of town, we recommend that you arrive the night before. Classes begin PROMPTLY at 9:00 AM each day.

> Fax completed form to: **First Innovations** 512-346-1192 Attn: Brittney McFall