Callow & Associates
MANAGEMENT CONSULTANTS INC.

Microsoft Dynamics GP (Great Plains)
Training Registration Form

Company Name: _____

Phone Number: _____ Fax Number: _____

Attendee Name(s)	Session Name	Session Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please indicate your expectations or objectives for the above session(s).

_____

_____

_____

Name: _____ Title: _____

Email Address: _____ Signature: _____

Please email registration information to training@callow.ca or fax to (403) 233-7415.