



## Special Finance SuperCharged

Company Name:						
Addross:						
City: State:				Zip:		
Telephone:	( )	Fax: _(	)			
Check all that apply:	Franchise	Independen	t Ve	ndor Fi	nance Company	
	dee cancellation, written not I less than two weeks prior to			to the first day of event	for a refund (\$150.00 refund fee will	
A	TTENDEE INFO	RMATION	J (print full nam	e as it will appear o	n badges)	
Name:						
Position:			E-Mail:			
Name:						
Position:			E-Mail:			
Name:						
Position:			E-Mail:			
		REGISTR	ATION FEE	ES		
	NUMBER	₹			TOTAL	
Attendees		Χ	\$895		\$	
		METHOD	OF PAYME	NT		
Enclosed is a check p	ayable to Used Car Un	iversity				
Used Car University, fees:	LLC dba DealerStrong	s hereby autho	rized to execute	the following credit	card for total registration	
Type: MC Visa A	mEx Number:			Sec Code	Exp. Date:	
Print Name:			Signature:			
Billing Address:						
E-Mail (for receipt):						

## REGISTRATION INFORMATION

- Call 877.811.8107 for information about registration.
- Mail registration form to: Used Car University 4400 Washington Ave, Ste 1 Evansville, IN 47714
- Fax registration form to 888.386.2236