



## Enrollment Form

### Contact Information

Contact Name	Company Name	
Address	Phone number	Fax number
City, State/Province, Zip/Postal Code	Email address	

Do you currently own a business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify Industry/Type	What industry (ies) do you wish to target? (check all that apply) <input type="checkbox"/> Marine <input type="checkbox"/> Industrial/Machinery <input type="checkbox"/> Modular <input type="checkbox"/> Transportation <input type="checkbox"/> Construction <input type="checkbox"/> Other(specify):
Do you currently have a website? <input type="checkbox"/> Yes <input type="checkbox"/> No	How did you hear about ShrinkWrap U?	

What topics would be most beneficial to you? What are your reasons for attending ShrinkWrap U?

### Participants

Please include all participants below (even if used above). If you wish to sign up more than 3 participants, please contact Ryan at 800.968.5147 or [ryan@dr-shrink.com](mailto:ryan@dr-shrink.com) to set up a private training session.

Full Name of Participant	Please list any food allergies or special food requirements:
Please select a shirt preference: <input type="checkbox"/> Long-sleeved <input type="checkbox"/> Short-sleeved	Please select a size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large
Full Name of Participant	Please list any food allergies or special food requirements:
Please select a shirt preference: <input type="checkbox"/> Long-sleeved <input type="checkbox"/> Short-sleeved	Please select a size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large
Full Name of Participant	Please list any food allergies or special food requirements:
Please select a shirt preference: <input type="checkbox"/> Long-sleeved <input type="checkbox"/> Short-sleeved	Please select a size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large

**Class date you wish to attend:**

### Payment Information

To hold your spot(s) in the next ShrinkWrap U course, please provide your credit card information. Your card **will be** charged up front for \$250.00.

Name on Card	Credit Card Number	Expiration Date
Billing Address for Card		



315 Washington St.  
Manistee, Michigan 49660-1855

P: (800) 968-5147  
P: (231) 723-2685 (Outside U.S.)  
F: (231) 723-9586

[www.dr-shrink.com](http://www.dr-shrink.com)