



November 16 | *9 am – 1 pm
November 17 | *12 pm–4 pm

@Warren City Hall (conference room)
One City Square, Warren, MI 48093

*Registration begins 30 minutes prior to the meeting. Please be in your seat by the meeting time, so that we can begin and end on time.

Current Topics Include:

- 5010
- Compliance Plans
- Tips & Tricks
- And Much More

What is it?

A Focus Group is you! We focus on you and let you focus on THOMAS.

November
16 or 17



Who Should Attend?

Everyone in your office who uses THOMAS: e, d, or lite.

What is the Cost?

There is a seminar cost of just \$35 per person for this special seminar.

Refreshments will be served.

More Information?

You can fax questions to us 586-751-9230 or you can e-mail them to us at seminars@geniussolutions.com

Register Now!

Register early for this event as space is limited and the sessions fill up quickly. You can complete the registration form on the back or download it, complete the form and fax it in to 586-751-9230.

Visit us at www.geniussolutions.com to choose your specialty & link up with your specialties most current information. You can also connect with us on twitter, facebook, or our blogs from there.



REGISTRATION FORM

| | | | |
|----------------|----------|--------|------------|
| Office Name: | Contact: | | |
| Address: | City: | State: | Zip: |
| Phone: | Fax: | | |
| Email Address: | | | Account #: |

PARTICIPANT INFORMATION

| Participant Name or Number of Attendees | Seminar/Class Name | Seminar/Class Date | Fee |
|---|--------------------|--------------------|-----|
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | | |

GENERAL INFORMATION AND CANCELLATION POLICY

Genius Solutions requests five (5) days notice for cancellations. If less than five (5) days notice is given, Client will be charged the full training fee. All other cancellations are subject to a \$25 cancellation fee.

PAYMENT INFORMATION

I acknowledge that I have a copy of this agreement and cancellation policy. I understand that unless otherwise stated, my Genius Solutions, Inc. account will be charged for requested training. I will be responsible for payment upon receipt of invoice. I have read and understand the Cancellation Policy and understand that I will be responsible for all cancellation fees.

X _____
 Signature Title

 Printed Name Date

CREDIT CARD PAYMENT FORM

You may pay your classroom registration fees by using your MasterCard, Visa or American Express card. If you wish to use this method of payment, please complete the following information.

| | | |
|---|---|------------------------|
| <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express | _____ Cardholder Name (Please Print) | |
| _____ Card Number | ____/____ Exp. Date | _____ Security Code |
| _____ Signature of Cardholder | _____ Billing Address for this Credit Card | |