

Qmotion University Registration Form

Attendee Contact

Business Name: _____

Attendee Name: _____
Last First

Business Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Work Phone: () _____ Cell Phone: () _____

Email Address: _____

Attendee Information

Please indicate only one selection per group.

Position

- Principal
 Salesperson
 Installer
 Integrator
 Other

Experience with window shades

- < 5 Years
 > 5 Years

Have you installed/sold Qmotion before?

- Yes
 No

How did you hear about this training?

- Territory Manager
 Independent Rep Firm
 Email Blast
 Website
 Customer Service
 Other _____

Course Information

Location: _____
City State

Date(s): _____ / _____ / _____

Session: _____

Fax to 850-208-3409 or email to trainers@qmotionshades.com, if payment is required call 877-849-6070