

# **PROMAS** | Bulletin **Landmaster**

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## **PROMAS Landmaster Training Seminars – 2012**

**\*\*Special 1 day class - \$245\***

**Status**

**\*\*Boise, ID**  
*(see special pricing below)*

April 20

pending

If you would like to register for the above training class, please complete the registration form on the next page and fax it back to 703-255-9172. If you have not heard from us within 7 days of registering, please re-fax the form and call to verify receipt. A confirmation letter is required for admittance to the class.

Class times (subject to change):

One Day Special: 9:00am – 4:00pm

Payment must be received to reserve your place. Payments will not be processed until the class is confirmed. If paying by check, check must be received 1 week before the class starts. Deadline for cancellation is 2 weeks prior to the class. No refunds will be given after the 2 week deadline.

Cost includes lunch.

Registration form on next page.

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**PROMAS Landlord Software Center**  
**311 Maple Ave West Ste D**  
**Vienna, VA 22180**

**email: [training@promas.com](mailto:training@promas.com)**  
**web site: [promas.com](http://promas.com)**

**Fax 703-255-9172**  
**703-255-1400**  
**800-397-1499**

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# PROMAS Landmaster Training Seminar

## Registration Form

Please complete the information below and fax back to 703-255-9172  
Be sure to check the website to see if the class is closed before registering.

Special One Day : \_\_\_\_\_ Boise  
(\$245 each)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

# of People: \_\_\_\_\_

Names of Attendees:

Attendee 1: \_\_\_\_\_

Attendee 2: \_\_\_\_\_

Attendee 3: \_\_\_\_\_

Attendee 4: \_\_\_\_\_

Attendee 5: \_\_\_\_\_

Amount of payment \_\_\_\_\_

Method of Payment:  Check *If paying by check, check must be received 2 weeks before the class starts. Deadline for cancellation is 2 weeks prior to the class. No refunds will be given after the 2 week deadline.*

MasterCard  Visa  Discover  AMEX

Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card: \_\_\_\_\_ Verification Code \_\_\_\_\_

Card Holder Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

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