

# ***UNITED DEVELOPMENT SYSTEMS, INC.***

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To: *United Development Systems, Inc. Fax: 727-507-0001*

From:

<b>NAME:</b>	<b>DEALERSHIP:</b>
<b>EMAIL:</b>	
<b>ADDRESS:</b>	
<b>PHONE:</b>	<b>FAX:</b>

Please enroll the following personnel in the training session mentioned below, scheduled at the UDS Training Center in Clearwater, FL.



Session Title: \_\_\_\_\_

Date/Time: \_\_\_\_\_



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•	•
•	•

Please fax this completed enrollment form to UDS as soon as possible in order to secure attendance. A confirmation will be sent to you prior to the event.



Date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

**\* \* \* IMPORTANT \* \* \***

**Please enroll early as seating is limited.**

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*Direct all mail to:*

P.O. Drawer 8150  
Clearwater, Florida 33758  
800.282.1154 Fax 727.507.0001

*Visit us at:*

19321-C US Hwy 19 N, Suite 502  
Clearwater, Florida 33764  
[www.UDSDealerServices.com](http://www.UDSDealerServices.com)

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