REGISTRATION FORM *(Please Print)*

DEALER NAME: _____

CITY, STATE: _____

BUSINESS PHONE: _____

PRIMARY CONTACT: _____

CELL PHONE: _____

EMAIL: _____

PREMIUM: **Yes** **No**

 # FULLTIME EMPLOYEES _____

***POSITION KEY:**
(S) Sales
(L) Leadership
(O) Operations
(A) Admin/Office Support

PREMIUM FEE SCHEDULE

# of Emp.	Annual Fee
1-8 =	$ 500
9-25 =	$ 800
26-75 =	$ 1,200
76-150 =	$ 1,800
151-250 =	$ 2,700
251+ =	$ 3,600

Office use only:

□ Alignment □ Seed Link

□ Link Series □ Compliance Assistance Program

Program Use Start Date: _____

REGISTERED PARTICIPANTS

FIRST NAME	LAST NAME	EMAIL	*POSITION (choose one)

Please mail, FAX, or email the completed form to:

Business Resources, United Suppliers, Inc., 224 S. Bell Avenue, Ames, IA 50010 / FAX 515-509-2261 / Email: tracyreinert@unitedsuppliers.com

REGISTRATION FORM (Please Print)

REGISTERED PARTICIPANTS (continued)

**POSITION KEY:*
(S) Sales
(L) Leadership
(O) Operations
(A) Admin/Office Support

FIRST NAME	*LAST NAME*	*EMAIL*	**POSITION (choose one)*

Please mail, FAX, or email the completed form to:

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