



Please enroll us in the GCADA - S.A.L.E.S. Program with the following menu items:

1) Forms Audit:	Member _____	Non-member _____	Locations _____
	\$400	\$1,000	Total \$ _____

2) Walk Around Audit:	Member _____	Non-member _____	Locations _____
	\$650	\$1,500	Total \$ _____

3) Deal Audit:	Member _____	Non-member _____	Locations _____
	\$500	\$1,200	Total \$ _____

4) Policy Development:	Member _____	Non-member _____	Locations _____
	\$600	\$1,400	Total \$ _____

5) Onsite Training:	Member _____	Non-member _____	Locations _____
	\$450 Half Day	\$1,200 Half Day	Total \$ _____
	\$850 Full Day	\$1,900 Full Day	

Total Amount to be Billed: \$ \_\_\_\_\_

Dealership(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

*Please fax this form to Ellen Mastrangelo or Nick Hanna at (440) 746-1504.*