

Building Service Contractors Association International (BSCAI) Professional Education Program

401 N. Michigan Ave. Suite 2200, Chicago, IL 60611 USA
Phone: 312-321-5167/800-368-3414 | Fax: 312-673-6735



- Yes, I would like to grow my business and develop professional skills to help me succeed
- Yes, I am interested in improving the training of top executives and leaders in my company
- Yes, I would like to demonstrate my commitment to enhancing my profession in the BSC industry
- Please match me with a fellow BSC who can help enhance my professional education

NAME	TITLE
DESIGNATIONS	
COMPANY NAME	
ADDRESS	
CITY, STATE, ZIP	
TELEPHONE	WORK PHONE
FAX	E-MAIL

Select one level below:

Level 1: \$5,000 (\$425 per month*)

Level 1 participants will receive:

- Mentoring Program
 - Four structured meetings each year
 - One-hour phone consultation with mentor/month
 - Invite to Mentoring Reception at Annual Convention & Trade Show
- Complimentary Items
 - Two Annual Convention & Trade Show registrations
 - One CEO Seminar registration
 - Two Executive Seminar Registrations
 - Five Webcast Registrations
- Special Recognition
 - Included in *Services* magazine
 - Podium recognition at Annual Convention & Trade Show, CEO and Executive Seminars
 - PEP Sponsor Ribbon at Annual Convention & Trade Show, CEO and Executive Seminars
 - Signage recognition at Annual Convention & Trade Show, CEO and Executive Seminars

Level 2: \$2,500 (\$230 per month*)

Level 2 participants will receive:

- Mentoring Program
 - Four structured meetings each year
 - One-hour phone consultation with mentor/month
 - Invite to Mentoring Reception at Annual Convention & Trade Show
- Complimentary Items
 - One Annual Convention & Trade Show registration
 - One Executive Seminar Registration
 - Two Webcast Registrations
- Special Recognition
 - Included in *Services* magazine
 - PEP Sponsor Ribbon at Annual Convention & Trade Show, CEO and Executive Seminars

* Automatic monthly credit card charge

Payment

Check enclosed for \$ _____

Credit Card VISA MasterCard American Express

Acct. # _____

Exp _____
(month/year)

Name as it appears on card _____

Cardholder's signature _____

Check one:

Payment in full Monthly Payment