

**PERFORMANCE MANAGEMENT, INC.  
VPP/MPP FOR PRODUCTION SUPPLIERS  
TRAINING REGISTRATION FORM**

(Please Print)			
Today's date:		FSP User Name/Covisint ID:	
<b>LEARNER INFORMATION</b>			
Last name:		First:	Middle:
			RACF ID:
Employer Name		Parent Code	FSP User Name
Street address:		CSA Name and Email	Phone (    )
P.O. box:	City:	State:	ZIP Code:
Course Start Date	Course Name		Location
Payment		<input type="checkbox"/> Check No.: _____	
<input type="checkbox"/> Visa	<input type="checkbox"/> AMEX	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
CC Number	Name on Card		
Expiration Date:	CCV:		
Card Address (City, State, Zip):			

Please scan and email the completed form to [info@pmi-online.com](mailto:info@pmi-online.com), fax it to 313.561.3920, or mail it to

Performance Management, Inc.  
ATTN: Learner Registration  
1103 Washington St.  
Dearborn, MI 48124