



**Cincinnati, OH on April 10 & 11, 2008**  
**Dallas, TX on December 4 & 5, 2008**

***Your opportunity to license and train managers in The Kahle Way® Sales Management System in our newest and most effective seminar format.***

Intense management training that combines the intimacy and power of a personal session, with the practical economy of working with a larger group in a more open 2-day format.

*The Kahle Way® Sales Management System* cuts through the fluff of other management programs and presents a unique practical system to the overworked, overwhelmed sales manager.

Focusing on the five key processes for successful sales management, it describes each process, articulates the impact on the salespeople and the sales manager, and then prescribes a proven strategy and a simple, step-by-step action plan to accomplish that task. Finally, it provides template forms and outlines to make the task simple and easy.

The bottom line is this—a more focused and accountable sales force, greater productivity in the entire group, and managers who are more confident and have time to devote to customer relations and the other important aspects of their jobs.

Each manager receives a master System Kit built around a 186-page binder consisting of:

\*Detailed instructions \*Step-by-step directions \*Re-printed articles \*Sample forms

**Dave Unplugged Schedule**

Day 1: 1:00 – 4:30 training session led by Dave Kahle  
 6:30 – 7:00 cash bar break with Dave Kahle  
 7:00 – 9:00 dinner with Dave Kahle and the other participants  
 Day 2: 8:30 – 12:00 training session led by Dave Kahle

**Price for members/affiliates is \$895 (\$1095 regular price)**

*This includes the license, seminar, binder and dinner...all with Dave Kahle.* Travel and hotel not included.

**Note:** Ask about Sponsor discounts. Existing licensees may attend the seminar for \$500.

*Participation is limited, so make reservations now at [www.davekahle.com/unplugged.htm](http://www.davekahle.com/unplugged.htm) or call us at 800-331-1287 or fill out this form and fax back to us at 616-451-9412*

Registrant Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Position \_\_\_\_\_  
 Company Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Association or Corporate acronym/name \_\_\_\_\_  
Payment Information:  
 Credit Card: Master Card \_\_\_\_\_ American Ex. \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_  
 Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Name on Card \_\_\_\_\_ Signature \_\_\_\_\_