

The Complete AAP™ Individualized Training

During your individualized training, an experienced AAP Specialist helps familiarize you with operation of The Complete AAP™ software at your pace, using your data. While software proficiency is the main focus of the training, you can use your time here to ask our staff questions: from AAP history and background to audit issues and additional obligations. You will return home with the confidence and knowledge to finish your AAP. Please ask your trainer about HRCI credit.

Location & Contact Information

Yocom & McKee, Inc.
 15401 W. 9th Avenue
 Golden, CO 80401
ask@yocom-mckee.com
 fax: 303-277-9098
 voice: 303-277-0692

Schedule

Days: Thursday or Friday
 Duration: One day from 8:00 am to 4:00 pm
 Coffee and pastries are provided.
 Full lunch is provided.

We will work with your schedule, but we recommend that you schedule your training to occur at least one month after the start of your new AAP year. Yocom & McKee, Inc. will provide data requirements after training date is confirmed. Allow at least two weeks to gather, email and have your trainer review the data. Please list three date preferences below. We will try our best to accommodate your first preference.

Preferred Dates of Training (Only Thursdays and Fridays please):

Preference 1: _____
 Preference 2: _____
 Preference 3: _____

Fees & Payment Information

Item	Qty	*Price	Total
Indiv. training Oct. 1 to March 31	1	\$800	\$800
Addtl. trainee (limit 2)		\$400	
Indiv. training Apr. 1 to Sept. 31	1	\$400	\$400
Addtl. trainee (limit 2)		\$200	
Grand Total:			

**Pre-payment is required.*

Credit Card Type: MC Visa AMEX

_____	_____
Credit Card Number (no dashes or spaces)	Exp.
Name as it appears on Credit Card	
Signature	

Schedule Your Training

fax 303.277.9098 • ask@yocom-mckee.com

Fax or email this form to register for training. Nicole Seibert will contact you to confirm receipt and schedule. Please call for more information about on-site and class training.

Trainee Information

Name: _____
 Job Title: _____
 Company: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____
 E-mail: _____
 AAP Dates*: _____

**AAP Dates are the beginning and end dates of your AAP year.*

Additional Trainees

Up to two additional trainees and/or observers may attend a session with one set of data for one AAP; Pro version session attendees may bring one set of data for multiple AAPs in the same company. Trainees with different data must register separately.

Trainee 2: _____
 E-mail: _____
 Phone: _____
Trainee 3: _____
 E-mail: _____
 Phone: _____

Thank you for your interest!