



**Colorado APICS Chapter and Oliver Wight Americas
Jointly Present:**

**Sales & Operations Planning:
An Introduction and Implementation Seminar**

**Friday, April 2, 2010
8:00 a.m. to 5:00 p.m.
Red Rocks Amphitheater Rock Room**

Attendees will learn:

- The characteristics of a capable S&OP process.
- How to align individual functional plans and tactics collaboratively into an integrated business process.
- About S&OP's 5-step process: Product Review, Demand Review, Supply Review, Integrated Reconciliation, and Management Business Review.
- The major steps of a proven implementation methodology and the challenges that companies must overcome to implement a high performing process.

Attendees will:

- Gain insight into how S&OP can improve sales revenue, improve productivity, enhance forecast accuracy, and reduce inventory and safety stock.
- Review the latest research findings about performance improvements generated from S&OP and how to achieve and sustain those improvements.
- Assess your company's current S&OP process performance with an abbreviated diagnostic tool.

Fee: \$299 for APICS members; \$349 for non-members

Reservations:

By phone: 303.421.0797

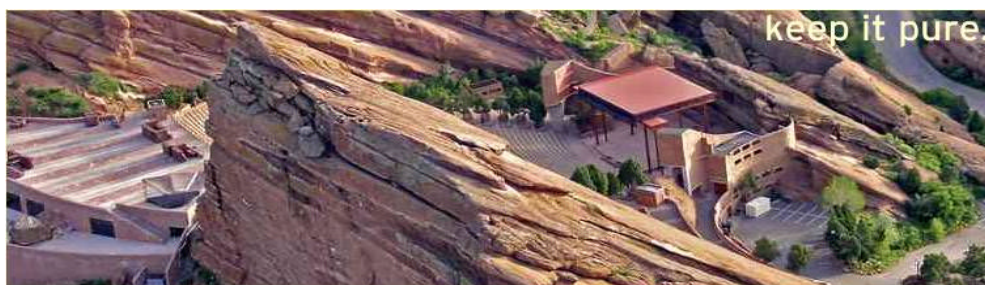
By fax: 303.421.2630

By e-mail: apicsco81@aol.com

Forms of payment: Visa/MasterCard

Continental breakfast, lunch, snacks and beverages will be served

For information contact: Honey Johnson: hjohnson@msstech.com or Ben Sellers: bsellers@oliverwight.com



Seminar Registration

By phone: 303.421.0797
By Fax: 303.421.2630
By e-mail: apicsco81@aol.com



Conference Name: S&OP Introduction & Implementation Primer

Conference Dates: April 2, 2010 8:00 a.m. - 5:00 p.m.

Date

Conference Location: Red Rocks Conference Center, Rock Room

**Member - \$299;
Non-member - \$349**

Attendee Information-all fields required

Name:	<input type="text"/>
Title:	<input type="text"/>
Email:	<input type="text"/>
Phone:	<input type="text"/>

Name (2):	<input type="text"/>
Title(2):	<input type="text"/>
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Name (3):	<input type="text"/>
Title(3):	<input type="text"/>
Email(3):	<input type="text"/>
Phone(3):	<input type="text"/>

Name (4):	<input type="text"/>
Title(4):	<input type="text"/>
Email(4):	<input type="text"/>
Phone(4):	<input type="text"/>

Company:	<input type="text"/>
Address:	<input type="text"/>
State/Province:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>

Registration Fees

Conference Fee:	<input type="text"/>
x Number of Attendees:	<input type="text"/>
Subtotal:	<input type="text"/>
Total Due:	<input type="text"/>

Payment

- Mastercard
 Visa

Card Number:

Expiration Date:

Cardholder Name:

Cancellation Policy:

- 30 days prior to seminar: full refund
- 30 to 15 days prior to seminar: 50% refund
- within 3 days: no refund.

Special Needs: