

DENVER LEADERSHIP CONFERENCE

NOVEMBER 7 - 9, 2008 • HYATT REGENCY TECH CENTER

YOUR REGISTRATION

Your Name: _____ Distributor ID#: _____ Registration Date: _____

Nametag to Read: _____
(FIRST) (LAST) (HEALTH PROFESSIONAL TITLE)

Occupation: _____

Address: _____

City: _____ State/Province: _____ ZIP: _____

Telephone: _____ Email: _____

Oxyfresh Title:

- Product Representative Executive Director Master Director National Director
 Director Senior Director Regional Director International Director

Upline Sponsor: _____
(FIRST) (LAST)

Required Special Needs (i.e., hearing impaired, wheelchair access, food allergies etc.): _____

CANCELLATION POLICY

Registration is not transferable to any other Distributorship. Cancel by September 26, 2008 for a full refund less \$100 OR transfer your registration to the next National Leadership Conference. Cancellations and transfers to next conference must be requested and approved through Distributor Services, 800.333.7374. If request for transfer occurs prior to final payment, all installments will still be processed on schedule.

Initial: _____

DISCLOSURES

Installment plan not available for registrants attending Workshops only; must attend Conference sessions. Full payment due upon registration if registering after November 1 AND/OR if registering for workshop(s) only.

Room reservations must be made directly through the hotel: 888.233.1234. Ask for Oxyfresh rate:

- Thur Night — \$165/night (single/double)
Fri/Sat Nights — \$89/night (single/double).

Rooms are limited and must be reserved by October 1, 2008 to ensure availability.

Conference and Workshop fees do not include lodging or airfare. Conference fee includes lunch and dinner on Saturday only.

Oxyfresh reserves the right to use any photos or video taken of participants during the event, for promotional purposes.

Initial: _____

Signature: _____ Date: _____

REGISTRATION FEES

PLEASE CHECK ALL THAT APPLY:

		First Time	By Sept 26	After Sept 26
Vision Workshop	Friday, Nov 7, 9am - 3pm	___ \$100	___ \$100	___ \$100
Dental Workshop	Friday, Nov 7, 4:30pm - 7:30pm	___ FREE	___ FREE	___ FREE
Pet Workshop	Friday, Nov 7, 8pm - 9:30pm	___ FREE	___ FREE	___ FREE
Conference	Saturday, Nov 8, 9am - 5pm Sunday, Nov 9, 8am - 1pm	___ \$199	___ \$249	___ \$349

PAYMENT OPTIONS

PLEASE CHECK ONE:

- ___ Register by Sept 26: \$100 deposit at registration; deferred balance processed on Oct 1.
___ Register after Sept 26: \$100 deposit at registration; deferred balance processed Nov 1.
___ Register after Nov 1: Entire balance processed upon registration.

METHOD OF PAYMENT (REQUIRED)

- AmEx Visa MasterCard Diner's Club Discover Personal Check*

Credit Card #: _____ Exp: _____

Name on Credit Card: _____

Signature: _____

#: _____

*Returned checks are subject to a \$25 Service Fee

ADMIN USE ONLY Deposit Order #: _____ Order #: _____ Per Installment \$ _____

DENVER LEADERSHIP CONFERENCE

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SPOUSE/PARTNER REGISTRATION

Spouse/Partner Name: _____ Distributor ID#: _____ Registration Date: _____

Nametag to Read: _____
(FIRST) (LAST) (HEALTH PROFESSIONAL TITLE)

Occupation: _____

Address: _____

City: _____ State/Province: _____ ZIP: _____

Telephone: _____ Email: _____

Oxyfresh Title:

Product Representative
 Director

Executive Director
 Senior Director

Master Director
 Regional Director

National Director
 International Director

Upline Sponsor: _____
(FIRST) (LAST)

Required Special Needs (i.e., hearing impaired, wheelchair access, food allergies etc.): _____

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