

FT. LAUDERDALE LEADERSHIP CONFERENCE

MARCH 6 - 9, 2008 • FT. LAUDERDALE MARRIOTT NORTH

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, etc.): _____

Food preferences (i.e., vegetarian, allergies, etc.): _____

PLEASE READ & SIGN

All room reservations must be made by calling the hotel reservation line directly at 800.319.5705. Ask for the Oxyfresh rate when booking your room: \$159/night (single or double occupancy). Rooms are limited and must be reserved by February 13, 2008. Airfare is not included.

Conference registration fees include the following meals due to limited restaurant facilities in and near the hotel:

- March 8: breakfast, lunch & dinner
- March 9: breakfast & lunch

Vision Workshop registration fee does not include meals.

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

Signature: _____ Date: _____

CANCELLATION POLICY

\$100 non-refundable deposit collected at the time of registration. Cancel by January 18, 2008 for a refund less the \$100 non-refundable deposit. Cancel after January 18, 2008 and no refund will be issued. No transfer of registration fees to another conference or Distributor. Balance to be collected on January 18, 2008.

Please initial here: _____

REGISTRATION FEES & PAYMENT

PLEASE CHECK ALL THAT APPLY:

_____	\$70	Pet Workshop – Ealy Bird through Jan 18	Thu, March 6, 1-4pm
_____	\$130	Pet Workshop – Regular Rate after Jan 18	Thu, March 6, 1-4pm
_____	\$70	Dental Workshop – Early Bird through Jan 18	Thu, March 6, 6-9pm
_____	\$130	Dental Workshop – Regular Rate after Jan 18	Thu, March 6, 6-9pm
_____	\$100	Vision Workshop	Fri, March 7
_____	\$295	Conference – 1st Time Attendee	Sat/Sun, March 8-9
_____	\$295	Conference – Early Bird through Jan 18	Sat/Sun, March 8-9
_____	\$395	Conference – Regular Rate after Jan 18	Sat/Sun, March 8-9

METHOD OF PAYMENT

AmEx Visa MasterCard Diner's Club Discover

Credit Card #: _____ Exp: _____

Name on Credit Card: _____

Signature: _____

Personal Check*

#: _____

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

FOR ADMINISTRATIVE USE ONLY Deposit Order #: _____ Order #: _____

FT. LAUDERDALE LEADERSHIP CONFERENCE

MARCH 6 - 9, 2008 • FT. LAUDERDALE MARRIOTT NORTH

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 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, etc.): _____

Food preferences (i.e., vegetarian, allergies, etc.): _____

PLEASE READ & SIGN

All room reservations must be made by calling the hotel reservation line directly at 800.319.5705. Ask for the Oxyfresh rate when booking your room: \$159/night (single or double occupancy). Rooms are limited and must be reserved by February 13, 2008. Airfare is not included.

Conference registration fees include the following meals due to limited restaurant facilities in and near the hotel:

- March 8: breakfast, lunch & dinner
- March 9: breakfast & lunch

Vision Workshop registration fee does not include meals.

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

Signature: _____ Date: _____

REGISTRATION FEES & PAYMENT

PLEASE CHECK ALL THAT APPLY:

- | | | | |
|-------|-------|---|---------------------|
| _____ | \$70 | Pet Workshop – Ealy Bird through Jan 18 | Thu, March 6, 1-4pm |
| _____ | \$130 | Pet Workshop – Regular Rate after Jan 18 | Thu, March 6, 1-4pm |
| _____ | \$70 | Dental Workshop – Early Bird through Jan 18 | Thu, March 6, 6-9pm |
| _____ | \$130 | Dental Workshop – Regular Rate after Jan 18 | Thu, March 6, 6-9pm |
| _____ | \$100 | Vision Workshop | Fri, March 7 |
| _____ | \$295 | Conference – 1st Time Attendee | Sat/Sun, March 8-9 |
| _____ | \$295 | Conference – Early Bird through Jan 18 | Sat/Sun, March 8-9 |
| _____ | \$395 | Conference – Regular Rate after Jan 18 | Sat/Sun, March 8-9 |

CANCELLATION POLICY

\$100 non-refundable deposit collected at the time of registration. Cancel by January 18, 2008 for a refund less the \$100 non-refundable deposit. Cancel after January 18, 2008 and no refund will be issued. No transfer of registration fees to another conference or Distributor. Balance to be collected on January 18, 2008.

Please initial here: _____

METHOD OF PAYMENT

Check here if same as reverse

AmEx Visa MasterCard Diner's Club Discover

Credit Card #: _____ Exp: _____

Name on Credit Card: _____

Signature: _____

Personal Check*

#: _____

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

FOR ADMINISTRATIVE USE ONLY Deposit Order #: _____ Order #: _____