

# JAMAKIN' ME MONEY CRUISE

MARCH 9 - 15, 2008 • ROYAL CARIBBEAN, RADIANCE OF THE SEAS

## 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  
 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, etc.): \_\_\_\_\_

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

Roommate Request (if no spouse/guest attending): \_\_\_\_\_

## CANCELLATION POLICY

Payment in full must be received by December 17, 2007. Full refund through close of business (5:30pm PT) December 17, 2007; no refunds thereafter. No transfer of prizes to another trip or Distributor.

**Please read and initial here:** \_\_\_\_\_

## PLEASE READ & SIGN

All reservations are double occupancy. If you do not specify a roommate, one will be assigned to you. Cabins are limited and must be reserved and paid in full by December 17, 2007. Airfare is not included. Buy-Ins and upgrades are first come, first served based on availability.

Conference attendance in Ft. Lauderdale is required for all winners. Buy-Ins who do not attend conference may be required to book & pay for their own port transfers.

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

## REGISTRATION FEES & PAYMENT

**Please check all that apply** (all prices are per person, double occupancy):

- \_\_\_\_\_ FREE Base Prize Winner (Standard Cabin for 2)  
\_\_\_\_\_ FREE Third Prize Winner (Ocean View Cabin for 2)  
\_\_\_\_\_ FREE Second Prize Winner (Balcony Cabin for 2)  
\_\_\_\_\_ FREE Grand Prize Winner (Balcony Cabin for 2 + \$500)  
\_\_\_\_\_ \$1,250 Standard Cabin Buy-In  
\_\_\_\_\_ \$1,375 Ocean View Cabin Buy-In  
\_\_\_\_\_ \$1,500 Balcony Cabin Buy-In  
\_\_\_\_\_ \$175 Ocean View Upgrade (for Base Prize winners)  
\_\_\_\_\_ \$300 Balcony Upgrade (for Base Prize winners)  
\_\_\_\_\_ \$125 Balcony Upgrade (for Third Prize winner)  
\_\_\_\_\_ N/A Other (please specify): \_\_\_\_\_

## 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 #: \_\_\_\_\_

Signature/DS Rep: \_\_\_\_\_ Date: \_\_\_\_\_

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## SPOUSE/GUEST 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.): \_\_\_\_\_

Roommate Request (if no spouse/guest attending): \_\_\_\_\_

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