

# VEGAS 2010

FEBRUARY 19-20 • CAESARS PALACE

Oxyfresh.com®

Opportunity Meeting - Friday, 7pm-9pm  
One-Day Training - Saturday, 9am-5pm

## 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     Jr. Executive Director     Senior Director     Regional Director     International Director  
 Director     Executive Director     Master Director     National Director     Worldwide Director

Upline Sponsor: \_\_\_\_\_  
(FIRST) (LAST)

Required Special Needs (i.e., need roommate, hearing impaired, wheelchair access, food allergies etc.): \_\_\_\_\_

## CANCELLATION POLICY

Registration is not refundable or transferable to any other Distributor or event. Credit card will be charged in full upon registration.

Initial: \_\_\_\_\_

## DISCLOSURES

Registration fee does not include meals, lodging, airfare or transportation.

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

Initial: \_\_\_\_\_

## REGISTRATION FEES

Entire fee will be charged at the time of registration. Fees are non-refundable and non-transferable. Registrations after February 15 are based on space availability.

Initial: \_\_\_\_\_

### VEGAS 2010

Number attending, including registered guests:

#### Opportunity Meeting

Friday, February 19, 7-9pm

FREE!

#### One-Day Training

Saturday, February 20, 9am-5pm

\$25 each

## 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 #: \_\_\_\_\_    Order \$: \_\_\_\_\_

## ROOM RESERVATIONS

Room reservations must be made directly through the hotel: 866.227.5944. Ask for the "So Cool" room rate: \$149/night (single/quad). Rooms are limited and must be reserved by January 22, 2010 to ensure availability. Current hotel rack rate will apply after January 22, 2010.

Initial: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# VEGAS 2010

FEBRUARY 19-20 • CAESARS PALACE

**Oxyfresh.com**<sup>®</sup>

Opportunity Meeting - Friday, 7pm-9pm  
One-Day Training - Saturday, 9am-5pm

## SPOUSE/PARTNER REGISTRATION

Your Name: \_\_\_\_\_ Distributor ID#: \_\_\_\_\_ Registration Date: \_\_\_\_\_

Nametag to Read: \_\_\_\_\_  
(FIRST) (LAST) (HEALTH PROFESSIONAL TITLE)

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## GUEST REGISTRATION

Your Name: \_\_\_\_\_ Distributor ID#: \_\_\_\_\_ Registration Date: \_\_\_\_\_

Nametag to Read: \_\_\_\_\_  
(FIRST) (LAST) (HEALTH PROFESSIONAL TITLE)

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## GUEST REGISTRATION

Your Name: \_\_\_\_\_ Distributor ID#: \_\_\_\_\_ Registration Date: \_\_\_\_\_

Nametag to Read: \_\_\_\_\_  
(FIRST) (LAST) (HEALTH PROFESSIONAL TITLE)

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## GUEST REGISTRATION

Your Name: \_\_\_\_\_ Distributor ID#: \_\_\_\_\_ Registration Date: \_\_\_\_\_

Nametag to Read: \_\_\_\_\_  
(FIRST) (LAST) (HEALTH PROFESSIONAL TITLE)

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_