

Early Registration Form

Wellness Forum Health's **2018 Annual Fall Conference**

November 9-11 2018

Conference Location: Crowne Plaza Columbus North

Purchaser Name _____

Additional attendees _____

Purchaser Address _____

City _____ **State** _____ **Zip Code** _____

Best Number to reach you AM: (____) _____ **PM:** (____) _____

Email Address : _____

Ticket Price Schedule

***Pre-registration special: Member \$199 Non-Member \$239**

***Pre-registration offer expires at 4:00PM on November 12 2017**

Nov 13, 2017-April 30, 2018	Member \$269	Non-Member \$309
May 1-June 30	Member \$289	Non-Member \$339
July 1-August 31	Member \$309	Non-Member \$359
September 1-October 31	Member \$349	Non-Member \$399
November 1-9	Member \$399	Non-Member \$459 (subject to availability)

Total # tickets _____ **@ = \$** _____

Method of payment:

cash _____ ***check** _____ ***Make check payable to: Wellness Forum Health**

Credit Card _____ **Total to charge to my account: \$** _____

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

I understand that ticket purchase fees are non-refundable once I am registered for the conference and that my conference ticket is not transferable to another party.

Signed _____ **Date** _____

Please give this form to a Wellness Forum Health Staff member