

# Registration Form

Wellness Forum Health's **2019 Annual Fall Conference**

**November 8-10 2019**

**Conference Location: Embassy Suites Dublin**

**Purchaser Name** \_\_\_\_\_

**Additional attendees** \_\_\_\_\_

**Purchaser Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Best Number to reach you AM:** (\_\_\_\_) \_\_\_\_\_ **PM:** (\_\_\_\_) \_\_\_\_\_

**Email Address :** \_\_\_\_\_

## Ticket Price Schedule

**May 1-June 30**                                      **Member \$309**      **Non-Member \$369**

July 1-August 31                                      Member \$339      Non-Member \$389

September 1-October 31                                      Member \$379      Non-Member \$409

November 1-7 (subject to availability)                                      Member \$449      Non-Member \$499

Optional- Sunday Boxed Lunch \$9.95/each      Total # Boxed Lunches \_\_\_\_\_

**Total # tickets** \_\_\_\_\_ **+** **Total # boxed lunches** \_\_\_\_\_ **=** \_\_\_\_\_

### 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** \_\_\_\_\_

**Return this for via email to [shermak@wellnessforum.com](mailto:shermak@wellnessforum.com),**

**via fax to 614 841 7703**

**or via mail to 510 East Wilson Bridge Road Suite G, Worthington Ohio 43085**