

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

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 shermank@wellnessforum.com

via fax to 614 841 7703

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

