

Registration Form

Wellness Forum Health's **2020 Annual Fall Conference**

November 13-15 2020

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

Nov 11, 2019-April 30, 2020	Member \$299	Non-Member \$359
May 1-June 30	Member \$359	Non-Member \$399
July 1-August 31	Member \$379	Non-Member \$410
September 1-October 31	Member \$399	Non-Member \$449
November 1-7	Member \$449	Non-Member \$499 (subject to availability)

Boxed Lunch to go for Sunday \$9.95 each # of boxed lunches = _____

Total # tickets member price _____

Total # tickets non-member price _____

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

