

# Early Registration Form

Wellness Forum Health's **2021 Annual Fall Conference**

**November 12-14 2021**

**Conference Location: Wellness Forum Health Corporate Office**

**510 E Wilson Bridge Road Suite G Worthington Ohio 43085**

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

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

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

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

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

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

## Ticket Price Schedule

November 1-10                      Member \$449      Non-Member \$499 (subject to availability)

Remote view via zoom:              Members \$169      Non-members \$199

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

**In person attendance Total # tickets member price** \_\_\_\_\_

**In-person attendance Total # tickets non-member price** \_\_\_\_\_

**Remote Total # tickets member price** \_\_\_\_\_

**Remote 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** \_\_\_\_\_

**Please give this form to a Wellness Forum Health Staff member**