

# Registration Form

Wellness Forum Health's 2022 Annual Fall Conference

November 11-13 2022

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

|                       |               |  |
|-----------------------|---------------|--|
| July 1-August 31      | Member \$379  | Non-Member \$410                           |
| Sept 1-October 31     | Member \$399  | Non-Member \$449                           |
| November 1-10         | Member \$449  | Non-Member \$499 (subject to availability) |
| Remote view via zoom: | Members \$169 | Non-members \$199                          |

No partial tickets, non-transferable, non-refundable. No registrations at the door.

Boxed Lunch to go for Sunday \$11.95 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 \_\_\_\_\_

email form to: [shermank@wellnessforum.com](mailto:shermank@wellnessforum.com)