

# Registration Form

Wellness Forum Health's 2023 Annual Fall Conference

November 3-5 2023

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

Dates	Member	Non-Member	Remote View Member/Non-Member
Jan 1- April 30	\$379	\$410	\$169/\$199
May 1 - Aug 31	\$399	\$449	
Sept 1-Oct 31	\$449	\$499	
Nov 1-3	\$499	\$549	

Total # tickets member price \_\_\_\_\_

Total # tickets non-member price \_\_\_\_\_

Boxed Lunch to go for Sunday \$11.95 each # of 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 \_\_\_\_\_

Please give this form to a Wellness Forum Health Staff member