

OPTIONAL GUEST REGISTRATION FORM

Complementary, Preventative, Disease Reversal, Staying Young & Wellness Therapies Conference

The Hyatt Regency Chicago, Michigan Avenue / Wacker Drive, Chicago, IL
Course No. 011542

Please Note:

This is a guest registration form for the Optional Afternoon Session (Saturday, December 6, 2008). Guests can only register to this optional afternoon session along with a Registered Attendee of the main course.

Please provide all the information requested below. For questions concerning registration please phone 216-448-0777.

Registration Details	
Fax Information	216-445-9406
Mail Check & Registration Form	The Cleveland Clinic Foundation, P. O. Box 931653, Cleveland, OH 44193-1082

Payment must be received prior to admittance to the course.

Guest	Information	Fee
Guest Name 1		<input type="checkbox"/> \$5.00
<i>Email Address</i>		
Guest Name 2		<input type="checkbox"/> \$5.00
<i>Email Address</i>		
Guest Name 3		<input type="checkbox"/> \$5.00
<i>Email Address</i>		
Guest Name 4		<input type="checkbox"/> \$5.00
<i>Email Address</i>		
Guest Name 5		<input type="checkbox"/> \$5.00
<i>Email Address</i>		

Please Print:

Registered Attendee Name: _____

There must be a registered attendee to the conference "Complementary, Preventative, Disease Reversal, Staying Young and Wellness Therapies Conference" being held December 5-7, 2008 to attend this Optional Session and to invite up to 5 guests.

Charge the following account: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Number: _____ Expiration Date: _____ 3/4 digit v-code _____

Total Amount to be Charged: _____

Signature: _____ (Not valid without signature)