



Attendee Registration Form Wellness 360 Conference

“Wellness Redefined”

Thursday, April 27, 2017

8:00 am-3:00 p.m.

The NEW Center in Rootstown, Ohio.

Personal Information

*Last Name: _____ *First Name: _____

Company (If applicable): _____

*Email Address: _____

Fees

- Early Bird Registration (Before January 31st): \$90.00
- Registration (after January 31st): \$100.00
- Group Registration (3 or more): \$80.00/person
- Student Attendee (must show student ID) \$75.00

Payment Method

- Pay by Check
Please make check payable to:
Wellness 360
PO Box 41415
Brecksville, OH 44141
- Pay Online: <https://www.eventbrite.com/e/2017-wellness-360-conference-registration-27258883053>

We look forward to seeing you!

* Required information

- Yes, I would like to receive your email newsletters

By submitting this form, you're granting **Wellness 360 Conference, PO Box 41415, Brecksville, OH 44141, United States**

<http://wellness360conference.com/> permission to email you. You can revoke permission to mail to your email address by replying cancel to emails sent.

Signature: _____

Date: _____

For questions regarding registration contact: wellness360conference@gmail.com