



Registration Form

The 2009 Australian Regional Convention

12th + 13th June, Gold Coast

Fax (07) 3715 7933

Post PO Box 548 Sumner Park BC Qld 4074

Registrations close Friday, 5th June

Seats are limited.

Register ahead to ensure your place.

If you miss the close-off, you will need to register at the door.

Registrations at the door cost more + are only available if space permits.

Book ahead to save money and avoid disappointment.

Member Number

Not A Member? We Need To Know Who Invited You

First Name/s

Last Name/s

Postcode

Street Address Or PO Box

Suburb

State

Day Phone No. #

E-Mail

| | \$ EACH | \$ TOTAL | |
|---|---------|----------|--|
| Registration per distributor - Australian Regional Convention, Gold Coast Friday (includes lunch on both days) [Convention Check-in 8:00 a.m. to 9.30 a.m.] 9:30 a.m. to 5:30 p.m. Saturday 9:00 a.m. to 5:00 p.m. *** All meals are Young Living approved *** | \$150 | | Register at the door = Pay More <i>Only available if event is not fully booked.</i> Distributor: \$180 each (both days) Distributor: \$100 each (1 day) Non Member/Guest: \$90 (both days) LUNCH INCLUDED. |
| Registration for two distributors listed on the same membership (includes as per above) | \$280 | | |
| Registration for non-members or guests per attendee (includes as per above) | \$70 | | |
| Optional gala dinner ticket Saturday 7:00 p.m. to 10:00 p.m. *** All meals are Young Living approved *** | \$75 | | |
| One day package (either day) per distributor (includes lunch) | \$80 | | |

PAYMENT METHOD

- MONEY ORDER (Australia Post). Print your name on the back + post with form.
- CHEQUE from your own account. Print your name on the back + post with form.
- CASH DIRECT DEPOSIT to: Westpac Milton BSB:
034 072 Young Living Essential Oils
A/c No: 129 271.
DO NOT DEPOSIT A CHEQUE or your registration will be delayed by at least one week.

PLEASE FAX OR POST the official stamped bank deposit receipt with your form.

- ON FILE DIRECT DEBIT from your nominated bank account.
(Only available To Members.)

VISA MASTERCARD EXPIRATION DATE: ___/___/___

Card no.

Cardholder name

Cardholder signature