

OXYFRESH FREEDOM TOUR 2

WITH JANINE AVILA



YOUR REGISTRATION

Your Name: _____ Distributor ID#: _____ Registration Date: _____

Occupation: _____ Upline Sponsor: _____

Address: _____

City: _____ State/Province: _____ ZIP: _____

Telephone: _____ Email: _____

Oxyfresh Title:

- Product Representative
 Director

- Executive Director
 Senior Director

- Master Director
 Regional Director

- National Director
 International Director

Required Special Needs (i.e., hearing impaired, wheelchair access, etc.): _____

SAN FRANCISCO BAY (SEPTEMBER 14-15):

- Opportunity Showcase — \$10/Distributor
 Distributor Training — \$10/Distributor

CHARLOTTE (SEPTEMBER 27-28):

- Opportunity Showcase — \$10/Distributor
 Recruiting Training Breakfast* — \$15/Distributor

**Must have sponsored at least 1 frontline Distributor since August 1, 2007*

TORONTO (SEPTEMBER 29):

- Opportunity Showcase — \$10/Distributor
 Distributor Training — \$10/Distributor (FREE if attending Showcase)

NEW BRUNSWICK (SEPTEMBER 30):

- Opportunity Showcase — Distributors FREE
 Distributor Training — Distributors FREE

MARCO ISLAND (OCTOBER 2):

- Opportunity Showcase — Distributors FREE
 Distributor Training — Distributors FREE

NAPLES (OCTOBER 4):

- Opportunity Showcase — Distributors FREE
 Distributor Training — Distributors FREE

WEST PALM BEACH (OCTOBER 6):

- Opportunity Showcase
 Leader Training (Directors & above)
 Distributor Training

Entire event: \$10/Dist in advance, \$20/Dist at door, Guests FREE.

DALLAS (OCTOBER 10):

- One-on-One Leader Training — By appointment only
Will be contacted directly by Janine Avila to set appointment.

PLEASE READ & SIGN

Please make sure you have marked the appropriate boxes for each event you would like to register for. Registration does not include lodging or meals. Oxyfresh reserves the right to use any photos or video taken of you or your guests during the event for promotional purposes.

Signature: _____ Date: _____

METHOD OF PAYMENT

CANCELLATION POLICY: Fees are non-refundable or transferable to any other event or participant. Total balance due at time of registration. Seating limited so register early.

Please read and initial here: _____

AmEx Visa MasterCard Diner's Club Discover

Credit Card #: _____ Exp: _____

Name on Credit Card: _____

Signature: _____

Personal Check*

#: _____

*Returned checks are subject of a \$25 Service Fee

FOR ADMINISTRATIVE USE ONLY Deposit Order #: _____ Order #: _____

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WITH JANINE AVILA



GUEST #1 REGISTRATION

Name: _____ Registration Date: _____
Occupation: _____
Address: _____
City: _____ State/Province: _____ ZIP: _____
Telephone: _____ Email: _____
Required Special Needs (*i.e., hearing impaired, wheelchair access, etc.*): _____

GUEST #2 REGISTRATION

Name: _____ Registration Date: _____
Occupation: _____
Address: _____
City: _____ State/Province: _____ ZIP: _____
Telephone: _____ Email: _____
Required Special Needs (*i.e., hearing impaired, wheelchair access, etc.*): _____

GUEST #3 REGISTRATION

Name: _____ Registration Date: _____
Occupation: _____
Address: _____
City: _____ State/Province: _____ ZIP: _____
Telephone: _____ Email: _____
Required Special Needs (*i.e., hearing impaired, wheelchair access, etc.*): _____

GUEST #4 REGISTRATION

Name: _____ Registration Date: _____
Occupation: _____
Address: _____
City: _____ State/Province: _____ ZIP: _____
Telephone: _____ Email: _____
Required Special Needs (*i.e., hearing impaired, wheelchair access, etc.*): _____