



NEIGHBOR TO NEIGHBOR SALES TRAINING (HEALTH, CLEANING & VEHICLE PRODUCTS)

TRAINING DATE: _____

FULL NAME: _____ FIRST NAME FOR BADGE: _____

EMAIL: _____ IBO NUMBER: _____

CITY _____ STATE _____

CELL PHONE #: _____ SPONSOR: _____

CHOOSE A TRAINING FEE Early Registration Regular Registration

**** A \$5.00 processing fee will be added to your registration****

<input type="checkbox"/> Package Free Bonus Training <i>(NO DISCOUNT INCLUDED)</i>	\$0	\$0
<input type="checkbox"/> No Discount Option	\$99	\$149
<input type="checkbox"/> Guest: (1 per IBO)	\$99	\$149
<input type="checkbox"/> Spouse:	\$35	\$85

Guest or Spouse Name: _____

<input type="checkbox"/> Sponsor/Sit In: (materials not included)	\$35	\$85
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Who are you sponsoring _____

HOTEL NEEDED (not included in this training): **please circle** **YES** **NO**
 Hotel arrival date: _____ Hotel departure date: _____ King Bed Two Beds

PAYMENT OPTIONS:

Check Enclosed (if mailing only)
 PAC Name _____ PAC # _____
 Credit Card/E-Acct

Name on Credit Card: _____ Credit Card Billing Address: _____

City/State: _____ Zip Code: _____

Card Number: _____ Exp: _____

Mail to: Conklin Meetings Department 3951 NE Kimball Drive Kansas City, MO 64161 or Fax to 952-224-5105