## NATIONAL TRAINING CINCINNATI 2019 | AUGUST 8-10

## PAYMENT PLAN REGISTRATION FORM - DEADLINE FEBRUARY 1, 2019

## **CONSULTANT INFO**

Consultant ID Consultant Name		Consultant Title	
Billing Address	City	State/Province	Postal Code
Country Phone Number	En	nail	
Shirt Size: □ S □ M □	L <b>D</b> XL <b>D</b> 2X <b>D</b> 3X	□ 4X	
Have you attended Nationa  ☐ Yes ☐ No	l Training before?		
Additional Needs:			
□ Audio □ Visual □	Translation		
Dietary Requirements:			
□ Vegan □ Gluten F	ree 🗖 Other		
EVENT INFORMATION  National Training   August 8			
* This is a Consultant-only event. No	guest registration will be offered.		
·	ents of \$49.75 = \$199 USD		
Terms: Your first \$49.75 payment w Your remaining 3 payments of \$49.			
Name (on card)		. Authorized Signature	
Credit Card Number		Expiration Date	CVV Code
Billing Postal Code			
By signing here, I authorize the periodic charges to my credit card in accordance with the terms described above.			
Signature	D	ate	

**DISCLAIMER:** Payment plan forms must be submitted via email to paymentplans@pureromance.com or faxed to 513-697-5959 no later than February 1, 2019 at 11:59 p.m. ET. Registration fees are non-refundable/non-transferable without military or medical documentation.