



**Event :-Make Room for Juicy Goodness in Your Life & Biz!**

<b>Start Date</b>	05/16/2019 11:30 AM	<b>End Date</b>	05/16/2019 01:30 PM
<b>Chapter</b>	Northern Colorado,CO		
<b>Location</b>	,5929 Sky Pond Dr,Loveland, Colorado,United States80538	<b>Topic</b>	Make Room for Juicy Goodness in Your Life & Biz!
<b>Display your products and services</b>	A limited number of display tables are available to showcase or sell your products and services.		

Select	Ticket Type	End Date	Ticket Price
<input type="checkbox"/>	Event Fee - Member	05/13/2019	35.00 USD
<input type="checkbox"/>	Event Fee - Guest	05/13/2019	45.00 USD
<input type="checkbox"/>	Event Fee - Non-Member	05/13/2019	85.00 USD
<input type="checkbox"/>	Exhibitor - Member	05/16/2019	50.00 USD
<input type="checkbox"/>	Exhibitor - Guest	05/16/2019	60.00 USD
<input type="checkbox"/>	Exhibitor - Non Member	05/16/2019	80.00 USD
<input type="checkbox"/>	Event Fee - Late - Member	05/16/2019	45.00 USD
<input type="checkbox"/>	Event Fee - Late - Guest	05/16/2019	60.00 USD
<input type="checkbox"/>	Event Fee - Late - Non Member	05/16/2019	105.00 USD

Attendee: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: Street: \_\_\_\_\_ Street2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Credit Card :-**     Visa     MasterCard     American Express     Discover

Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Billing address of credit card: (If same as above, write "Same."): \_\_\_\_\_

\_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Today's Date Is: (REQUIRED) \_\_\_\_\_

Fax this form to: (520) 423-3022

For more information:(970)573-7060 [kathypeake@ewomennetwork.com](mailto:kathypeake@ewomennetwork.com)