

Dr. Fuhrman's Health Getaway at Hawks Cay 2009
Specialized Blood Testing and Analysis Package (optional)
Individual Registration Form

Date: _____

1. Attendee Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

2. Select Your Billing Choice:

- A. _____ Bill Through Insurance (\$210.00/person)*
(Must be with a non-HMO Carrier)

Insurance Carrier: _____

Policy Holder's name: _____

Policy Holder's ID #: _____

Policy Holder's Group #: _____

- B. _____ Do Not Bill Through Insurance (\$590.00/person)

3. Payment: (Payment in-full is required at the time of Registration.)

Total Amount Due: \$ _____

Process your payment for the Blood Testing and Analysis Package at
http://www.DrFuhrman.com/events/hawks_cay_blood_test.aspx or call Susan at the
number below.

*** Fax a copy of your insurance card (both front and back images) along with this
Registration Form.**

Fax to: 908-237-0210, Attn: Michele Daly
Direct questions to Susan at 800-474-9355, ext. 230

Registration Deadline: June 12, 2009