



*Dr. Fuhrman's Health Getaway at Hawks Cay Resort*

**Attendee Registration Form**

Fax to: 908-237-0210

Email: events@drfuhrman.com

**Primary Contact:**

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Dr. Fuhrman Member Center 'Screen Name': \_\_\_\_\_

Total # of Attendees: \_\_\_\_\_

Rate (please select): Single \_\_\_\_\_ Double \_\_\_\_\_

**Additional Names of Attendee(s):** (provide age if attendee is a child)

Adults	Child 13-18 yrs. (\$810.00 per child)	Child 5-12 yrs (\$420.00 per child)	Child 0-4 yrs. (no charge)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Room Preference: (select 1) (1) King Bed \_\_\_\_\_ (2) Queen Beds \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

Select Payment Type:

(1) 50% Deposit (with balance due 4/1/09): \$ \_\_\_\_\_

(2) Pay in full now: \$ \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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**Mailing Address of Additional Attendee(s):** (if different from primary attendee)

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

**# of Attendees interested in signing up for Blood Test & Analysis:** (add'l fees will apply)

\_\_\_\_\_ Essential Fatty Acid Test

\_\_\_\_\_ Blood Panel (details to follow)

Have you ever attended Dr. Fuhrman's Health Getaway?: \_\_\_\_\_

How long have you been following the *Eat For Health* lifestyle?: \_\_\_\_\_

Are you interested in receiving CME Credits for attending this Program? \_\_\_\_\_

Please specify your Medical Expertise: \_\_\_\_\_

**Special Requests:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_