

*Dr. Fuhrman's Health Getaway
at Rancho Bernardo Golf Resort & Spa*

July 11-17, 2010

Attendee Registration Form

Fax to: 908-237-0210

Email: events@drfuhrman.com

1. Primary Contact: _____ Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Cell): _____ (Home): _____

Email: _____

Dr. Fuhrman Member Center 'Screen Name': _____

Total # of Attendees: _____

2. Additional Names of Attendees:

Name	Age	E-mail	Special Needs
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Guest Registration:

Rate: Single _____ OR Double _____

4. Room Preference: (1) King Bed _____ OR (2) Queen Beds **SOLD OUT**

Attendee	Number Attendees	Cost Per Attendee	Total
Single Adult Age 18+		\$2879.00	
Double Adult Age 18+		\$2247.00	
Teen age 13-17		\$846.00	
Child age 5-12		\$448.00	
Child age 0-4		\$0.00	
6 Day Package (no lodging)		\$1385.00	
		Grand Total:	\$

Attendee Registration Form (continued)

5. Payment:

Total Amount Due: \$ _____

Select Payment Type: _____

Credit Card Type: _____

Credit Card #: _____

Exp. Date: _____ Security Code: _____

Name on Card: _____

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

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

7. Have you ever attended Dr. Fuhrman's Health Getaway? _____

8. How long have you been following the *Eat For Health* lifestyle? _____

9. Do you have a Success Story to share? _____

10. Why do you hope to gain by attending the Getaway? _____

11. Are you interested in receiving CME Credits for attending this event? ___

Please specify your Medical Expertise: _____

12. Special Requests:
