



**ZURVITA FREEDOM CRUSADE  
EVENT ONLY REGISTRATION FORM  
February 12-15, 2009 in Houston, TX**

**Register by 5:00 PM CST, Wednesday, December 31, 2008 to get the Early Bird Special!  
Hilton Americas – Houston, 1600 Lamar Street Houston, TX 77010**

**TO REGISTER:**

ONLINE registration is the fastest and easiest. EFFECTIVE November 1, 2008, you may register by going to [www.conventioneventservices.com](http://www.conventioneventservices.com). You will receive an email confirmation. OR FAX completed form anytime to 972-231-9871. Confirmation mailed within 24 hours of receipt.

**TO CONTACT US:**

For assistance or to make changes to your registration, Please email us at [zurvita@conventioneventservices.com](mailto:zurvita@conventioneventservices.com) or call 214-566-1884. **DO NOT submit new registration**

<b>LEAD REPRESENTATIVE REGISTRATION INFORMATION</b>	<b>Ticket Prices -- Check below:</b>
Z NUMBER _____ <input type="checkbox"/> Check here if you are a first time attendee. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Last Name: _____ First _____ M.I. _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone (Work): _____ Phone (Home): _____ E-mail: _____ Name of Upline: _____	<b>Early Bird Special! 12/31/08 or earlier:</b> With Purchase of Hotel Room <input type="checkbox"/> \$159* per person Without Purchase of Hotel Room <input type="checkbox"/> \$179* per person <b><u>LATE REGISTRATION after 1/01/09</u></b> With Purchase of Hotel Room <input type="checkbox"/> \$179* per person Without Purchase of Hotel Room <input type="checkbox"/> \$199* per person <b>* = plus \$5.00 if paying by credit card</b>
<b>ADDITIONAL ATTENDEE REGISTRATION INFORMATION</b>	

Z NUMBER #2 _____ Last Name: _____ First _____ MI: _____ <input type="checkbox"/> Check here if you are a first time attendee. Phone _____ Email: _____ Upline: _____	
Z NUMBER #3 _____ Last Name: _____ First _____ MI: _____ <input type="checkbox"/> Check here if you are a first time attendee. Phone _____ Email: _____ Upline: _____	
Z NUMBER #4 _____ Last Name: _____ First _____ MI: _____ <input type="checkbox"/> Check here if you are a first time attendee. Phone _____ Email: _____ Upline: _____	

**HOTEL RESERVATION INFORMATION**

**RATES:** The ticket price includes all meeting fees, the Friday Night Banquet, and lunch on Saturday. **TICKET PRICE DOES NOT INCLUDE HOTEL ACCOMODATIONS. YOU MUST CONTACT THE HOTEL BY EITHER INTERNET OR TOLL FREE NUMBER!**

We have negotiated a special room rate with the Hilton Americas - Houston. Hotel reservations must be made directly with the Hilton Americas – Houston by going to their website <http://www.hilton.com/en/hi/groups/personalized/HOUCVHH-1AP-20090209/index.jhtml> or by calling the toll free number 1-800-236-2905 and requesting the special group rate for Zurvita Freedom Crusade 2009. **At the time of the reservation you will have to pay a deposit of the first nights room and tax only. Remaining room nights charged and paid at time of departure.**

We have negotiated a special room rate for this weekend. All standard rooms (single, double, triple or quad) will be one rate, \$128.00 + tax. **Again, at the time of the reservation, you will have to pay a deposit of the first nights room and tax only. Remaining room nights charged and paid at time of departure.**

**PAYMENT INFORMATION**

**REGISTRATION PAYMENT/CANCELLATION GUIDELINES:** Full payment is due at the time of registration. Your registration will not be accepted without payment. Cancellations and refund requests must be submitted by email or fax. Refund requests emailed/faxed by December 31, 2008 will receive a full refund. Requests emailed/faxed between December 31, 2008 and January 31, 2009 will receive a refund LESS 50%. Refund requests emailed/faxed after January 31, 2009 will not be honored. Registration name change requests must be received by email/fax prior to February 5, 2009. Name changes are \$25.00 per change. The original lead person who registered must submit any request for substitution. \*Checks should be made payable to *Convention & Event Services LLC, P.O. Box 831476, Richardson, TX 75083-1476*. \$35 charge for returned checks.

<b>PAYMENT METHOD: (check one)</b> <input type="checkbox"/> Check* <input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Cardholder's Name (please print): _____ Card Number: _____ Security Code _____ Expiration Date ____/____/____ Signature _____	<b><u>PAYMENT TOTALS</u></b> _____ Attendee(s) x _____ = \$ _____ Credit card fee \$5.00 per person _____ Attendee(s) x _____ = \$ _____ Total Registration = \$ _____
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