



## REGISTRATION FORM

### ACHIEVERS 2016 WAIKIKI MAUI EXTENSION

I/We hereby state the following -

1. I/We have signed and returned the Higher Award and Growth Incentive Programme Tracking and Review Process document
2. I/We plan to qualify for Achievers 2016 Waikiki
3. I/ We plan to grow our personal group volume by a minimum of 25% versus PY2015

OR

achieve at least 75,000PGV since we are a first time qualifier for Achievers

in order to participate in the Achievers 2016 Waikiki Maui Extension programme as outlined in the 2016 Growth Incentive Programme located on the Amway website and Amway bookshelf publication.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

IBO # \_\_\_\_\_ Date \_\_\_\_\_

Email address \_\_\_\_\_

**Please return by either -**

- Email to: [aust\\_bu@amway.com](mailto:aust_bu@amway.com)

or

- Fax to 0011 61 2 9854 8169

or

- Mail to:  
Amway of Australia  
7 -9 Irvine Place  
Bella Vista NSW 2153  
**AUSTRALIA**  
Attention: Business Unit