



2 FOR 1 CONFERENCE PROMOTION



Distributor ID #

Active Enrollment Date:

Name:

Email Address:

Guest Name:

Guests Email Address

Payment Method:

- ☐ AMEX ☐ Visa ☐ MasterCard ☐ Discover
☐ Check (Please make check payable to eXfuze)

Card Number:

Name on the Card:

Expiration Date & CV2 Code:

Card Holder Address;

Street:

City, State, & Zip:

Phone Number:

Signature:

X

Please fax completed form to eXfuze Event Registration (888) 823-5452

Eligible guests include Non-Distributors, Family members 18 years of age and over, and Special Guests Only.

Offer good for seven days from official distributor enrollment date.

