



REGISTRATION & HOUSING FORM
PRE-REGISTRATION DEADLINE: July 15, 2013

Register today via... www.wfg-online.com - web

415-216-2543 - fax

WFG Registration - mail

c/o CMR
 33 New Montgomery St. Suite 1100
 San Francisco, CA 94105

COMPLETE ALL SECTIONS FULLY. INCOMPLETE AND/OR ILLEGIBLE FORMS WILL NOT BE PROCESSED.

ATTENDEE INFORMATION

Spouse information should only be provided if paying registration fee.

Agent ID: _____ Spouse's Agent ID: _____
 List name as you would like it to appear on your name badge: _____ List name as you would like it to appear on the name badge: _____

Agent's First Name: _____ Spouse's First Name: _____
 Agent's Last Name: _____ Spouse's Last Name: _____

Address 1: _____
 Address 2: _____ City: _____
 State or Province: _____ Zip or Postal Code: _____ Country: _____
 Telephone Number: _____ Fax Number: _____
 E-mail Address **: _____

++ Required for confirmation purposes. A registration acknowledgement will be e-mailed to you within 48 hours of processing
EMERGENCY CONTACT NAME AND NUMBER – REQUIRED

Pursuant to the Americans with Disabilities Act, I may require specific aids or services during my visit. Audio Visual Mobile

Check Registration Type:

- Convention of Champions Registration I will attend the Power Couple's Meeting
 New Associates Registration (verified by WFG/Applicable after April 17, 2013)
 Spouse/Guest Registration S/G will attend the Power Couple's Meeting
 Spouse/Guest New Associate (verified by WFG)

Who is YOUR upline CEO MD? _____

Who is your Spouse's upline CEO MD? _____
Only applicable if spouse is registering to attend and is a WFG agent.

HOUSING

Last day for new reservations is July 2nd. Last day for changes and cancellations* is July 22nd. Credit card guarantee required. Non-refundable deposit. *Cancellations will result in a penalty of one night's room and tax

Check-in Date: ____/____/____

Check-out Date: ____/____/____

Occupancy: _____

Guest Name(s): _____

<u>Early Registration Fees</u>	<u>Single</u>	<u>Couple</u>
February 25, 2013 – April 17, 2013	<input type="checkbox"/> \$155	<input type="checkbox"/> \$310
<u>Advance Registration Fees</u>	<u>Single</u>	<u>Couple</u>
April 18, 2013 – June 18, 2013	<input type="checkbox"/> \$205	<input type="checkbox"/> \$410
June 19, 2013 – July 15, 2013	<input type="checkbox"/> \$255	<input type="checkbox"/> \$510
"New Associate" – after 4/17/2013	<input type="checkbox"/> \$155	<input type="checkbox"/> \$310
<u>Onsite Registration Fees:</u>		
July 30, 2012 – August 3, 2013	<input type="checkbox"/> \$255	<input type="checkbox"/> \$510
TOTAL AMOUNT DUE IN USD:	\$ _____	
Registration fees are non-refundable.		
Substitutions can be made until July 8, 2013. To make name changes or substitutions, please send an email to: WFGReg@cmrus.com		
PHOTO ID IS REQUIRED TO PICK UP YOUR BADGE ON-SITE		

<i>* Single/Double Rates *Non-inclusive of 12% occupancy tax *Non-refundable deposit</i>	30-Jul - 1-Aug	2-Aug	3-Aug	Triple Occupancy Rates	Quad Occupancy Rate
MGM Grand Hotel and Casino	\$ 85	\$ 115	\$ 129	+\$35 per night	+\$70 per night
The Signature at MGM Grand Plus \$20 per day Resort Fee	\$ 96	\$ 136	\$ 136	+\$35 per night	+\$70 per night
Excalibur Hotel and Casino Plus \$12.50 per day Resort Fee	\$ 40	\$ 95	\$ 95	+\$20 per night	+\$40 per night
Mandalay Bay Resort & Casino Plus \$10 per day Resort Fee	\$ 88	\$ 150	\$ 150	+\$35 per night	+\$70 per night

Please Note: Hotel requests must be sent to CMR Housing. Requests sent directly to the hotel will not be accommodated. You must register for the Convention of Champions in order to request a room. Hotel reservations are booked on a first-come, first-served basis. Limit one room per registrant. Name changes must be submitted in writing to WFGHousing@cmrus.com.

PAYMENT

- Cashier's Check/Money Order** made payable to WFG in U.S. Dollars and drawn on a U.S. bank (No personal or company checks accepted.) **Credit Card:** Visa MasterCard
 American Express Discover Diners Club

By signing below I authorize my credit card to be charged the above registration fee(s) and/or hotel deposit and agree with the cancellation policies referenced on this form.

Credit Card Number: _____ Expiration Date (MM/YY): ____/____
 Cardholder's Name: _____ Signature: _____