



PERSONAL GROWTH FOR WOMEN

balance

Registration

Individual Ticket Price:
\$149⁰⁰

Please Complete Sections A & B-Please PRINT

A. REGISTRANT INFORMATION (Copy This Form to Register Additional Attendees)

Attendees Name: _____
Company: _____
Title: _____ Dept.: _____
Age: (20-40) (40-60) (60+) Married Single Divorced Children# _____
Check One: Caucasian Hispanic African-American Other
Address: _____
City: _____ State: _____ Zip: _____
Office Telephone: _____ Cell Phone: _____
Fax: _____
Email: _____ Website: _____
How did you hear about this conference? Check all that apply: Magazine Newspaper Radio Email
Friend Power Networking Luncheon Other _____
 \$149 General Seating
 \$1500 Group Table of 12 (One Form **must** be completed for each attendee)
Would you like a Certificate of Attendance sent via email? Yes No



B. REGISTRATION OPTIONS: FOUR CONVENIENT WAYS TO REGISTER

ONLINE: Go to Balance Website at www.balancemagazine.com/events.html
BY FAX: Complete form and fax to secure fax line at (954) 382-4463
BY MAIL: Erica Braun, Balance Magazine
P.O. Box 8608, Ft. Lauderdale, FL 33310-8608
BY PHONE: Call Erica Braun or Renay Bailenson at (954) 382-4325

For Office Use Only
Date Received: _____

Method of Payment

1. If paying by check please make check payable to: The Work-Life Balance Institute for Women.
Mail to: P.O. Box 8608, Ft. Lauderdale, FL 33310-8608
2. If paying by FAX or PHONE you must charge your registration to a credit card.

Credit Card Information: Please Print

Visa Mastercard AMEX Card Number _____
Name as it appears on card: _____
Credit Card Billing Address: _____

Expiration Date: _____ Total to charge: \$ _____

Signature: _____

By completing and signing this form, I am authorizing The Work-Life Balance Institute for Women to charge my credit card for the agreed upon amount indicated above. I also agree the above signature is that of the cardholder.

