

April 22nd
Ft. Lauderdale, FL



PERSONAL GROWTH FOR WOMEN
balance



5th Annual Work-Life Balance Educational Conference for Businesswomen

WHEN: 8:00 AM to 4:00 PM. Doors open at 7:30 AM for Registration

WHERE: The Signature Grand -6900 State Road 84, Davie, FL

COST: \$ 149—Individual Ticket “Early Bee” Available thru 1/31/09
\$ 198—Individual Ticket After 2/01/09
\$1500—Group Table for 12 (\$129 p/p)

Registration is FINAL. NO Refunds. If you are unable to attend, your seat is transferable, please contact us in advance to let us know who will be attending in your place.

Please Print

Attendee's Name: _____

Company Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____ Fax: _____

Email Address: _____

_____ @ \$149 per ticket
Purchased before 1/31/09
_____ @ \$198 per ticket
Purchased after 2/01/09
_____ Group Table
@\$1500 (\$129 p/p)
\$ _____ Total Payment Due

IMPORTANT: Payment must accompany this registration form.

If paying by check it must be received in our office

by or before **March 5:** Check Number: # _____

Check Payable To: **The Work-Life Balance Institute for Women, Inc.**
a 501c(3) non-profit organization funded by individuals, corporations and foundations.

If paying by Credit Card:

Fax this form to:
954-382-4463

If reserving by fax or phone, you must charge your registration to a credit card.

Credit Card Information: Visa MasterCard Am Ex

If paying by Check:

Mail this form to:
**The Work-Life Balance
Institute For Women
P.O. Box 8608
Ft. Lauderdale, FL
33310-8608**

Card Number: _____ Expiration Date: _____

Name as it appears on the card: (Please Print) _____

Billing address of credit card: (If same as above, write in "Same") _____

CARDHOLDER SIGNATURE REQUIRED TO COMPLETE REGISTRATION

(X) _____

By completing and signing this form, I am authorizing The Work-Life Balance Institute for

For Questions:

954-382-4325
www.balancemagazine.com