



REGISTRATION FORM

NAME: _____ LAST NAME: _____
AGENCY NAME: _____
PHONE (O): _____ HOME PHONE: _____
E-MAIL: _____ FAX: _____
CC#: _____ EXP DATE: _____
DIGIT CODE: _____ CC ADDRESS: _____

CITY _____ ZIP CODE: _____
SIGNATURE: _____ DATE: _____

PLEASE LET DR FLOYD KNOW IF YOU PLAN TO ATTEND THE BONUS, GET MOTIVATED BUSINESS SUCCESS SEMINAR IN SAN ANTONIO, TEXAS ON DECEMBER 2, 2009 AS THE GUEST OF DR FLOYD. I UNDERSTAND THAT IF I AM ATTENDING MORE INFORMATION WILL BE EMAILED TO ME. ___ NO ___ YES ___ UNSURE

Please verify the tier level you are registering for the December 17-18, 2009 event:

PLATINUM
NURSE LEVEL

DIAMOND
NURSE LEVEL

GOLD
NURSE LEVEL

SILVER
NURSE LEVEL

Letters of credit will be given for course cancellation by registrants to the deadline 11/24/09. Substitutions will be accepted up to one day before the course, only with written notification. No substitutions / cancellations are accepted on the day of the course. Registrants who do not attend/call forfeit their fees.

PLEASE FAX THIS FORM TO 210-698-8701 OR BY MAIL AT NURSING CONSULTANT EDUCATIONAL AND HEALTH SERVICES (NCEHS)

COMMENTS: _____

14439 N.W. MILITARY HWY, #108 PMB 615, SAN ANTONIO, TX 78231
OFFICE 210-698-8700/ FAX: 210-698-8701 /
TOLL FREE # 1-866-44 NCEHS OR 1-866-446-2347
WWW.NCEHS.COM OR WWW.DRGLORIAJOFLOYD.COM /
CONTACT US AT INFO@NCEHS.COM

Urgent Reply ASAP Please Comment Please Reply Please Review

CONFIDENTIAL: Note that this data is sent to the noted Addressee. If it is received by other than the addressee please notify the sender for instructions. This is a highly confidential communication. Thank you.