



REGISTRATION FORM

NURSE SPEAKER SUMMIT

PLEASE SIGN ME UP FOR THE PROGRAM AS NOTED/CHECKED:

INITIAL HERE: _____ TIER ONE-THE SUMMIT
 THE ENTIRE TWO DAY SUMMIT PROGRAM THIS SUMMIT PROGRAM COST WILL INCLUDE
 HANDOUT MATERIALS, COFFEE BREAKS, EXHIBIT AND RELATED. IT DOES NOT INCLUDE MEALS,
 HOTELS, TRAVEL, ETC.

_____ \$397 EARLY BIRD REGISTRATION FEE BY FEB 24, 2010	_____ \$447 FROM 2/25-3/4/2010	_____ \$497 FROM 3/5-10/10
_____ \$547 FROM 3/11-15/10	_____ \$597 FROM 3/16-17/10	_____ \$647 FROM 3/18/10
_____ \$697 FROM 3/19/10		

THE ABOVE COSTS COVERS THE RECEIPT OF THE TWO DAY SUMMIT REGISTRATION FEE.
 THE ABOVE COSTS COVERS THE RECEIPT OF THE TWO DAY SUMMIT AS REGISTRATION FEE ONLY
 INITIAL HERE: _____ TIER TWO-GROUP MASTERMIND AND COACHING
 EXPERIENCE WITH DR. GLORIA JO FLOYD INDIVIDUALS DESIRING TO PARTICIPATE IN THE GROUP MASTERMIND AND
 COACHING EXPERIENCE ALSO RECEIVE THE , THE MONTHLY NEWSLETTER, ONE TELE-SEMINAR/WEBINAR MONTHLY,
 5-10 MINUTE CALLS/FAX/EMAIL CONTACTS FOR QUESTIONS MONTHLY FOR UP TO 1/3 HOUR MONTHLY, AND NCEHS
 AFFILIATE PROGRAM PARTICIPATION, IF/AS INTERESTED (BONUS-NO FEE).

TIER TWO-COACHING/MASTERMIND GROUP EXPERIENCE COST IS \$99 PER MONTH.
 PLEASE NOTE THAT THE COST WILL BE BILLED TWO WEEKS PRIOR TO EACH TELE-SEMINAR/WEBINAR
 EVENT. THE COACHING/MASTERMIND GROUP EXPERIENCE CANNOT BE CANCELLED AS YOUR PLACE
 CANNOT BE FILLED ONCE TAKEN. THIS IS A 12 MONTH COMMITMENT TO YOUR BUSINESS. _____ INITIAL HERE

NOTE; THERE IS NO PER DAY FEE FOR THIS EVENT. A PERSON MAY ATTEND FOR ONE OR BOTH DAYS AT
 THE ABOVE NOTED FEE.

NOTE: ONCE YOU ARE REGISTERED WE WILL SEND YOU ADDITIONAL INFORMATION.

NAME: _____ LAST NAME: _____

AGENCY NAME: _____

PHONE (O): _____ HOME PHONE: _____

E-MAIL: _____ FAX: _____

CC#: _____ EXP DATE: _____

DIGIT CODE: _____ CC ADDRESS: _____

_____ CITY _____ ZIP CODE: _____

SIGNATURE: _____ DATE: _____

Letters of credit will be given for course cancellation by registrants to the deadline 2/24/10_ 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 EMAIL AT info@ncehs.com

RECIPIENT: SHARE THIS DATA WITH YOUR NURSE DATABASE AND EARN 20% OF THE SUMMIT FEE PLEASE NOTE THAT THIS REGISTRANT WAS REFERRED BY: NAME _____ ADDRESS: _____ CITY: _____ STATE: _____ PHONE: _____ FAX: _____ EMAIL: _____ NO LIMIT ON REGISTRANT REIMBURSEMENT
