



InnerG, Institute for Life's Performances

P.O. Box 941247

Maitland, FL. 32794-1247

407.245.7314 - PHONE

407.253.9395 - FAX

info@innergilp.com

[www.innergilp.com](http://www.innergilp.com)

**PLEASE FAX COMPLETED REGISTRATION FORM TO 407.253.9395**  
**A WOMAN'S WORTH CONFERENCE REGISTRATION**

[www.awomansworthconference.com](http://www.awomansworthconference.com)

**InnerG, Institute for Life's Performances Event**

**Event Name:** A Woman's Worth Conference

**Date:** Saturday, March 4, 2006

**Venue/Location of Event:**

CROWNE PLAZA UNIVERSAL HOTEL

7800 Universal Blvd. , Orlando, FL. 32819

Did you receive a conference brochure?  Yes  No  
How did you hear about the conference?  Word of Mouth  Newspaper  Flyer  
 Commercial (Oxygen, Lifetime or Super Channel)  Radio

**CONTACT INFORMATION**

**Name:** \_\_\_\_\_  
First & Last

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**State:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**SECTION FOR GROUP REGISTRATION ONLY**

**NAME OF GROUP:** \_\_\_\_\_  
**GROUP MEMBERS (please provide the first and last names of each member):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRICING**

**Individuals:** \$55 by February 20, 2006 or \$65 afterwards (price is per person)

**Groups of five or more persons:** \$50 by February 20, 2006 or \$60 afterwards (price is per person)

**PAYMENT**

**Credit Card Details:**

**Expiration Date:** \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)

**Mailing Address for Credit Card Statement:**

Street Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**Card Type:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_

**Card Security Code (last 3 digits on back of card):** \_\_\_\_\_



Securely Processed by PayPal an Ebay Company

**Card Holder's Signature**

**A Woman's Worth Conference Registration:** Includes admission to all sessions and exhibits, Annual Conference Program, Opening General Session, and a Boxed Lunch. All rates listed are in U.S. Currency.

**PLEASE READ AND COMPLETE PAGE 2 OF REGISTRATION FORM**



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**Cancellation Policy:** WRITTEN REQUESTS FOR REFUNDS MUST BE POSTMARKED OR ELECTRONICALLY SUBMITTED BY FEBRUARY 20, 2006. CANCELLATIONS OF CONFERENCE OR PRECONFERENCE REGISTRATION WILL RESULT IN A HANDLING FEE OF \$20. NO REFUNDS AFTER FEBRUARY 21, 2006.

\_\_\_\_\_ **I understand and agree to this cancellation policy.**

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