

# JOYFIELDS' EBP SOCIETY REGISTRATION FORM

Event Name: \_\_\_\_\_ Event Dates: \_\_\_\_\_

Were You Referred? Y / N      Referrer Full Name: \_\_\_\_\_

Referrer Email: \_\_\_\_\_ Referrer Phone: \_\_\_\_\_

**Authorizing Manager**

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ IPC/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Attendee #1**

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Attendee #2**

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Attendee #3**

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Attendee #4**

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Individual or Team Registration	Rate/Attendee	x #	Attendee(s)	
Single attendee:	\$ _____	X	1	\$ _____
Team of 2 – 3	\$ _____	X	_____	\$ _____
Team of 4 or more	\$ _____	X	_____	\$ _____
Add Certification (reduced)	\$ 155	X	_____	\$ _____
<b>Purchase Membership (circle one)</b>				<b>SUBTOTAL \$</b> _____
Individual Plan - \$100   Team Plan - \$700   Enterprise Plan - \$1500				\$ _____
Existing Member, subtract 10%				(—) \$ _____
				<b>PAY GRAND TOTAL \$</b> _____

Payment Method (circle one): Credit Card / Wire / Check / Bill Me / PO # \_\_\_\_\_

Credit Card Name (circle one): MC / VISA / AMEX / DISCOVER

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

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Phone: +1(770) 409-8780 | Fax: +1(678) 605-0271 | [info@joyfields.org](mailto:info@joyfields.org)**  
**Make checks payable to Joyfields Inc. drawn on US bank in US Dollars and Mail To:**  
**Joyfields Institute, 5805 State Bridge Road, Suite G255 | Johns Creek, GA 30097**