

Individual Registration Worksheet – “The Organizational Wellness Conference” Leadership/Team Building & Health/Wellness Promotion 2017

(Reproduce and distribute to each participating member) -

FAX to (682) 708-3256 or Submit ONLINE REGISTRATION Below

REP ID#: _____



Individual Contact Information (Please print legibly or type if registering by fax or mail)

First Name _____ Last Name _____

Home Address _____

City _____ State/Province _____ ZIP/Postal Code _____

Home Phone _____ Other Phone _____

Email (MANDATORY – must be accessible all year) _____

Organization Name _____

Address _____

Phone _____ Fax _____

Organizational Wellness Site Team Role: Project Lead Team Member

Site Coordinator/Administrator Other (specify) _____



Conference and Session Selection

Conference date:

Monday - Wednesday

March 27-29, 2017

(The Moody Gardens Convention Center, Galveston, Texas)

Choose six (6) Session titles you are interested in attending and check those sessions. Detailed session descriptions are available online at educatorwellhealth.com.



Payment Method

Early Bird

Postmarked or received
by February 1, 2017

Regular

Postmarked or received after
February 1, 2017; before March 10, 2017

Late

Postmarked or received
after March 10, 2017

Three-day conference \$ 385

\$ 435

\$ 485

If you are sending payment by fax or mail, please complete the fields below to indicate how payment will be made. Registration and session selection ARE NOT guaranteed until payment is received by Educator Well-Health. Please make checks and purchase orders payable to Educator Well-Health, Inc.

Purchase Order # _____ Check # _____

Visa Mastercard # _____ - _____ - _____ - _____ Expiration Date ____/____/____
month / year

Print Name on Card _____ Phone Number _____

Billing Address _____ City _____ State _____ ZIP _____

Signature _____ Date _____

Signature authorizes Educator Well-Health to charge the above credit card for “Seminars At Sea” – Leadership/Team Building & Health/Wellness Promotion 2014 registration fees as indicated.

For Educator Well-Health, Inc. use only: Received Date _____ Initials _____ Enter Date _____ Initials _____

Session Titles

 Please select at least six sessions you would like to attend and place the number beside the session title in the space marked “Session Selections” on the registration sheet:

- How to Feel Good
- How to End Each Day With More Energy Than You Started
- Why Are You Here? Discovering Your Personal Mission Statement
- Building Healthy Work Cultures
- Connection: The Currency of Wellness
- Creating Ideal Work Environment for Health and Wellness Promotion
- Creating a Conscious Culture of Healthy Relationships
- Management Coaching: Healthy Workplace...One Conversation At A Time
- The Impact of Incentives on Health Assessment Participation
- Reaching Your Goal
- How To Be The Best Boss
- Weight Management – Society’s Massive Problem: Motivational Interventions – Our Effective Solution
- Breaking the Sugar-Stress Cycle
- The Economics of Your Emotional Balance: Creating a Surplus of Positive Emotions for Overall Wellness
- Fitness After 40: Smart Activity Programs For The Second Half of Life
- Cross-Fit Experience
- How To Lose Weight Without Starving Yourself
- How To Make Yourself Irreplaceable

Site Team Registration Worksheet – “The Organizational Wellness Conference” Leadership/Team Building & Health/Wellness Promotion 2016

8 Steps to Health/Wellness Promotion

1. Select a Site Team Health / Wellness Coordinator Contact. (This is typically a person who is energized about motivating health and wellness within the building.)
2. Select Site Team Members
3. Select the sessions to attend
4. Have each Team Member complete an Individual Registration Worksheet.
5. Complete this Site Team Registration Worksheet with information from the Individual Registration Worksheets.
6. Determine your method of payment and registration:
 - Credit Card – Follow Step-One Online Registration Procedures and pay online with a credit card immediately secure your conference and session choices.
 - Purchase order – Follow Step-Two Online Registration Procedures and fax your Individual and Site Team Registration Worksheets with a copy of the purchase Order as soon as it is available. Session selections and eligibility for Early Bird discounts are secured when Educator Well-Health, Inc. receives the faxed Purchase Order.
 - Check -- Follow Step-Two Online Registration Procedures and mail your Individual and Site Team Registration Worksheets with a check as soon as possible. Session selections and eligibility for Early Bird discounts are secured when Educator Well-Health, Inc. receives your check.
7. Go to www.educatorwellhealth.com and follow the step by step guide for payment.
8. If you are unable to register online, follow the procedures for registering by fax or mail.

Organization Contact Information (Please print legibly)

Contact Name _____

Organization Name _____

Email (**Mandatory** – must be accessible all year) _____

Contact Phone (with area code) _____

Site Team Member Information

EACH MEMBER MUST COMPLETE AN INDIVIDUAL REGISTRATION WORKSHEET AND SELECT SESSIONS

Team Member Name	Sessions	Paid For By (Organization, Self)	Payment Method (Credit Card, PO, Check)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____