

Planet Wellness Outreach Revolution

Thank you for registering for this life changing training.

Please fill out the form below and fax back your completed form to 856-983-7620.

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Email address: _____

Phone Number: _____

Fax Number: _____

Credit Card #: _____

CV#: _____
(3 digit # on back of card)

Signature: _____

I agree to pay \$299 non refundable payment for a 1 day training with the Planet Wellness Foundation. This training does include the Planet Wellness Welcome Kit.



WHEN: June 6, 2008 - 9am to 5pm

WHERE: Wyndham Hotel, Mt Laurel NJ

COST: only \$299



Planet Wellness
FOUNDATION
www.planetwellness.org