

2009 WOMEN'S DAY REGISTRATION / ORDER FORM

SHIP TO: (Please print clearly.)

ORGANIZATION _____

NAME _____

TITLE _____

STREET ADDRESS _____ SUITE / BUILDING # _____
PO BOX _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX (IF AVAILABLE) _____

EMAIL _____



How many people do you expect to attend your event?

- 25-49 50-74 75-99
 100-249 250-499 500+

SEND YOUR ORDER TO:
National Women's Health & Fitness Day
1850 W. Winchester Rd., #213
Libertyville, IL 60048-5355

OR FAX TO:
847-816-8662
QUESTIONS? 1-800-828-8225

IMPORTANT NOTE: You must order the registration packet in order to legally use the Women's Health & Fitness Day name and logo, and to purchase the promotional items below. The registration packet includes the following: the official program manual with event ideas, news release, and copyright-free handouts and program poster. The registration packet cost is \$19.95 plus shipping.

DESCRIPTION	QTY	PRICE	TOTAL
2009 Women's Day Registration Packet (REGISTRATION IS REQUIRED)	_____	x \$ 19.95 each	= \$ _____
Women's Health & Fitness Day T-Shirts: Attractive white, 100% cotton pre-shrunk T-shirts, imprinted with the official two-color event logo. Shirts are sold in packs of five.			
Medium (pack of 5)	_____	x \$ 47.50 / pack	= \$ _____
Large (pack of 5)	_____	x \$ 47.50 / pack	= \$ _____
Extra-Large (pack of 5)	_____	x \$ 47.50 / pack	= \$ _____
Event Bookmarks: Colorful, 2 ⁵ / ₈ " x 8" bookmarks with valuable women's health information. Includes event logo and 2009 theme. Sold in packs of 25.	_____	x \$ 14.50 / pack	= \$ _____
Event Balloons: 9" balloons with white logo. Sold in packs of 25.	_____	x \$ 8.75 / pack	= \$ _____
Event Posters: 11" x 17" color poster with event logo and space to list your local information. Sold in packs of five.	_____	x \$ 9.95 / pack	= \$ _____
SUBTOTAL			\$ _____
Illinois organizations only please add 7% sales tax (unless tax-exempt)			+ \$ _____
SHIPPING: Orders under \$95.00 add \$7.25 • Orders over \$95.00 add 10% of subtotal			+ \$ _____
<small>(FOR SHIPPING TO ALASKA / HAWAII — PLEASE CALL FOR SHIPPING COSTS)</small>			
ORDER TOTAL			\$ _____

PAYMENT: (check one) Check (Make payable to: Health Information Resource Center)
 VISA MasterCard Bill me (\$100 minimum order — Please enclose copy of P.O.)

CREDIT CARD NUMBER _____ EXP. DATE _____

CARDHOLDER'S NAME (PLEASE PRINT) _____ SIGNATURE _____

The Health Information Resource Center's Fed. Tax ID# is 36-3559293. Note: As a host site, you agree to the use of your name/phone number for local and national publicity. Check here if you do not want your name used for event publicity.