

Joyfields Institute for Professional Development / EBP Society Registration Form

Event Name: _____ Dates: _____

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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: _____

Registration X # Attendee(s)

Single attendee: \$ _____ X 1 \$ _____

Team of 2 - 3 \$ _____ X _____ \$ _____

Team of 4 or more \$ _____ X _____ \$ _____

SUBTOTAL \$ _____

Purchase Membership (circle one)

Individual Plan - \$100 | Team Plan - \$700 | Enterprise Plan - \$1600 \$ _____

Existing Member, subtract 10% (—) \$ _____

PAY GRAND TOTAL \$ _____

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: _____

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Make checks payable to Joyfields Inc. drawn on US bank in US Dollars and Mail To: Joyfields Institute
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for more information contact: Yvette Hughes @ 770-409-8780