

Date: \_\_\_\_\_

**2019, January 26th E8PA Global Convention in Bangkok**  
**PARTICIPATION APPLICATION (FORM A)** \*Fill in FORM B for family members

Applicant's Name (As on Passport)	First Name _____ Middle Name _____ Last Name _____						
Distributor ID & Rank	ID No. _____	Rank _____					
E8PA Membership	Do you have an E8PA membership card? <b>YES / NO</b> ← Circle one						
	If <b>YES</b> circle one → BLACK PLATINUM GOLD SILVER BRONZE (As of Jan 26th)						
Mailing Address	Address _____						
	State   Province _____						
	Country _____			Zip Code _____			
Contact Info	[Home] _____			[Mobile] _____			
	Email Address _____ @ _____						
Flight Info	Arrive in Thailand: January _____, 2019			Depart Thailand: January _____, 2019			
	Flight No. _____			Flight No. _____			
Global Convention (January 26th)  *Please circle your ticket price	Admission Fee(USD)		<b>E8PA Cardholder &amp; immediate family members</b>				
		<b>Regular</b>	<b>Black 100% OFF</b>	<b>Platinum 80% OFF</b>	<b>Gold 60% OFF</b>	<b>Silver 40% OFF</b>	<b>Bronze 20% OFF</b>
	Application received by <b>December 10th</b>	<b>\$100</b>	<b>\$0</b>	<b>\$20</b>	<b>\$40</b>	<b>\$60</b>	<b>\$80</b>
	Application received by <b>the end of December</b>	<b>\$120</b>	<b>\$0</b>	<b>\$24</b>	<b>\$48</b>	<b>\$72</b>	<b>\$96</b>
Application received in <b>January</b>	<b>\$150</b>	<b>\$0</b>	<b>\$30</b>	<b>\$60</b>	<b>\$90</b>	<b>\$120</b>	
Golf Competition (January 27th) -optional-  *Please circle	Will you participate in the golf competition on the 27th? <b>YES / NO</b> ← Circle one						
	Status	<b>Regular</b>			<b>E8PA Member &amp; Immediate family</b>		
	Details	Inclusive of Participation (\$50)+ Transportation, Golf Awards & Dinner (\$50)			FREE Participation + Transportation, Golf Awards & Dinner (\$50)		
	Participation Fee(USD)	<b>\$100</b>			<b>\$50</b>		
"My Total"	_____ USD + _____ USD = _____ USD <small>(26th Convention) (27th Golf Competition) "My Total"</small>						
Meals (circle)	Regular			Halal			
<b>Cancellations:</b> by Dec 20 100% refund by Jan 3 50% refund by Jan 17 30% refund after Jan 20 No Refund							
*Hotel Discounts & E-Point Redemption E8PA cardholders attending the Global Convention will be <b>reimbursed for their hotel stay</b> according to their E8PA membership status. Discount applies to a maximum of US\$200/night and up to 2 nights of lodging. Ex 1) Hotel: US\$275 Discount: (Black) 100% of maximum rate = USD\$200/night Ex 2) Hotel: US\$175 Discount: (Bronze) 20% of US\$175 = US\$35/night *E8PA members may <b>redeem E-Points</b> to use for travel expenses to the Convention. (1,000 E-Points = US\$1.00 or JPY100) <b>To check</b> your updated E-Point status go to <a href="https://information.enagic.com/mypage/login.php">https://information.enagic.com/mypage/login.php</a> *To receive reimbursement or redeem E-Points, please present a copy of your receipts to your corresponding branch office.							

\*E8PA discounts apply to immediate family members. \*50% discount for children ages 6-12. \*Please complete Form B for additional tickets.

**Total No. of Tickets:** Adults 13yrs + ( ) 6 to 12yrs ( ) under 6yrs ( )

<b>\$</b>	_____ USD + _____ USD = _____ USD <small>"My Total" Other Total (FORM B) Grand Total</small>
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\* I am submitting FORM A & \_\_\_\_\_ pages of FORM B.

ENAGIC INTERNAL USE ONLY		
Payment Received	(Month / Day / Year) _____ / _____ / _____	Branch: _____
Amount	Method (Circle): Card Check Cash Bank  <b>USD</b>	Staff: _____

Date: \_\_\_\_\_

**2019, January 26th E8PA Global Convention in Bangkok**  
**PARTICIPATION APPLICATION (FORM B) \*Must submit with FORM A**

Applicant's Name (As on FORM A)	First & Middle Name	Last Name	Distributor's ID# / Rank		
			( ID No.	/ Rank	A )

\*E8PA discounts are only applicable to immediate family members.

1	Name (As on Passport)	First Name	Middle Name	Last Name			
	Guest Type	<input type="checkbox"/> Guest		<input type="checkbox"/> Distributor ( ID No. _____ / Rank _____ A )			
	For immediate family members of E8PA Cardholders =>	Cardholder's ID No. _____	E8PA Cardholder's	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling
	Contact Info	[Home]	[Mobile]				
	Meals	<input type="checkbox"/> Regular			<input type="checkbox"/> Halal		
	Ticket Type	<input type="checkbox"/> Adults(13yrs +)	<input type="checkbox"/> 6 to 12yrs (50%)	<input type="checkbox"/> under 6yrs (FREE)	Total		
	\$	Jan. 26 Convention	US\$ _____	+	Jan. 27 Golf	US\$ _____	= US\$ _____
	2	Name (As on Passport)	First Name	Middle Name	Last Name		
Guest Type		<input type="checkbox"/> Guest		<input type="checkbox"/> Distributor ( ID No. _____ / Rank _____ A )			
For immediate family members of E8PA Cardholders =>		Cardholder's ID No. _____	E8PA Cardholder's	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling
Contact Info		[Home]	[Mobile]				
Meals		<input type="checkbox"/> Regular			<input type="checkbox"/> Halal		
Ticket Type		<input type="checkbox"/> Adults(13yrs +)	<input type="checkbox"/> 6 to 12yrs (50%)	<input type="checkbox"/> under 6yrs (FREE)	Total		
\$		Jan. 26 Convention	US\$ _____	+	Jan. 27 Golf	US\$ _____	= US\$ _____
3		Name (As on Passport)	First Name	Middle Name	Last Name		
	Guest Type	<input type="checkbox"/> Guest		<input type="checkbox"/> Distributor ( ID No. _____ / Rank _____ A )			
	For immediate family members of E8PA Cardholders =>	Cardholder's ID No. _____	E8PA Cardholder's	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling
	Contact Info	[Home]	[Mobile]				
	Meals	<input type="checkbox"/> Regular			<input type="checkbox"/> Halal		
	Ticket Type	<input type="checkbox"/> Adults(13yrs +)	<input type="checkbox"/> 6 to 12yrs (50%)	<input type="checkbox"/> under 6yrs (FREE)	Total		
	\$	Jan. 26 Convention	US\$ _____	+	Jan. 27 Golf	US\$ _____	= US\$ _____
	4	Name (As on Passport)	First Name	Middle Name	Last Name		
Guest Type		<input type="checkbox"/> Guest		<input type="checkbox"/> Distributor ( ID No. _____ / Rank _____ A )			
For immediate family members of E8PA Cardholders =>		Cardholder's ID No. _____	E8PA Cardholder's	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling
Contact Info		[Home]	[Mobile]				
Meals		<input type="checkbox"/> Regular			<input type="checkbox"/> Halal		
Ticket Type		<input type="checkbox"/> Adults(13yrs +)	<input type="checkbox"/> 6 to 12yrs (50%)	<input type="checkbox"/> under 6yrs (FREE)	Total		
\$		Jan. 26 Convention	US\$ _____	+	Jan. 27 Golf	US\$ _____	= US\$ _____

Grand Total
US\$ _____

\* I am submitting \_\_\_\_\_ pages of FORM B.

ENAGIC INTERNAL USE ONLY		
Payment Received	(Month / Day / Year) _____ / _____ / _____	Branch:
Amount	Method (Circle): <input type="checkbox"/> Card <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Bank <b>USD</b>	Staff: