



Anniversary

IN OKINAWA

FORM A

Date: _____

Please fill out the form in English.

Enagic 50th Anniversary Global Convention in Okinawa					
PARTICIPATION APPLICATION(Form A)*Fill in FORM B in case of 2 or more					
Applicant's Name (As on Passport)	First & Middle Name			Last Name	
Guest Type	<input type="checkbox"/> Guest <input type="checkbox"/> Distributor (ID No. _____ / Rank _____)				
Mailing Address	Address				
	State Province				
	Country		Zip Code		
Contact Info	[Home]		[Mobile]		
Email Address	@				
Ticket Price	100USD *Free for children under 3 years old				
\$	FORM A Total	FORM B Total		Grand Total	
	100	+	=	(USD)	
Payment	Card	Check	Cash	Bank	Other
Memo					
Cancellations	<p>The following conditions apply to all registration cancellation requests: Applicants are responsible for any bank charges incurred from cancellations. Cancellations by May 21st for complete orders made online and paid via credit/debit card will be fully refunded accordingly. (100% refund by May 21st / 50% refund by Jun 15th / No refunds after Jun 16th) To qualify for a refund, the Registration Cancellation Request Form must be filled out and submitted to Global Convention Desk no later than 7 days prior to the event. Deadline: Jun 15th, 2024 Enagic may take up to 10 business days or more to process refunds after receiving the cancellation request form.</p>				

ENAGIC INTERNAL USE ONLY					
Application No.				Branch:	
Payment Received	(Month / Day / Year) / /			Staff:	
Amount				Payment:	Card Check Cash Bank Other

Please fill out the form in English.

Enagic 50th Anniversary Global Convention in Okinawa 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
			<input type="checkbox"/> Guest <input type="checkbox"/> Distributor (IDNo. / Rank

Applicant's Name (As on Passport)	First & Middle Name		Last Name	
Guest Type	<input type="checkbox"/> Guest		<input type="checkbox"/> Distributor (ID No. / Rank	
Mailing Address	Address			
	State Province			
	Country	Zip Code		
Contact Info	[Home]		[Mobile]	
Email Address	@			
Ticket Price	100 USD	*Free for children under 3 years old		

Applicant's Name (As on Passport)	First & Middle Name		Last Name	
Guest Type	<input type="checkbox"/> Guest		<input type="checkbox"/> Distributor (ID No. / Rank	
Mailing Address	Address			
	State Province			
	Country	Zip Code		
Contact Info	[Home]		[Mobile]	
Email Address	@			
Ticket Price	100 USD	<input type="checkbox"/> *Free for children under 3 years old		

Applicant's Name (As on Passport)	First & Middle Name		Last Name	
Guest Type	<input type="checkbox"/> Guest		<input type="checkbox"/> Distributor (ID No. / Rank	
Mailing Address	Address			
	State Province			
	Country	Zip Code		
Contact Info	[Home]		[Mobile]	
Email Address	@			
Ticket Price	100 USD	<input type="checkbox"/> *Free for children under 3 years old		

ENAGIC INTERNAL USE ONLY

Application No.		Branch:	
Payment Received	(Month / Day / Year) / /	Staff:	
Amount		Payment:	<input type="checkbox"/> Card <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Other