

# REGISTRATION FORM

## PACK OPTIONS:

- \$99 Preferred - Basic Optimal Support \_\_\_\_\_
- \$109 Preferred - Basic Advanced Ambrotose™ \_\_\_\_\_
- \$109 Preferred Pack - Ambrotose AO® \_\_\_\_\_
- \$109 Preferred - OsoLean Pack \_\_\_\_\_
- \$499 All Star Pack (choose products) \_\_\_\_\_

## NECESSARY INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST Zip \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

Soc Sec #: \_\_\_\_\_

Enroller #:

(you) \_\_\_\_\_

Sponsor #:

(placement) \_\_\_\_\_

(Max 28 days in future) **Start Date:** \_\_\_\_\_

**Auto Order Product:** \_\_\_\_\_

[min. 100 Personal Product Volume (\$100)] \_\_\_\_\_

## PAYMENT INFORMATION:

Credit Card Type: Visa Mastercard American Express Discover

Credit Card Number: \_\_\_\_\_

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

TO REGISTER: 1) Call Customer Service With Your New Associate 1-800-281-4469  
2) FAX The Two Signature Forms To: 1-800-825-6584