

# 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 \_\_\_\_\_ \$ \_\_\_\_\_

Add (CEBP) Certification \$ \_\_\_\_\_ X \_\_\_\_\_ \$ \_\_\_\_\_

### Purchase Membership (circle one)

SUBTOTAL \$ \_\_\_\_\_

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

Member Discount - 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: \_\_\_\_\_

Phone: +1(770) 409-8780 | Fax: +1(678) 605-0271 | support@joyfields.org.

Make checks payable to Joyfields Inc. drawn on US bank in US Dollars and Mail To: Joyfields Institute  
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