

**PEOPLE INTERNATIONAL, INC.
2011 SUMMER CONFERENCE REGISTRATION FORM**

Name _____ Age _____ Male ___ Female ___
Address _____ City _____ State _____ Zip Code _____
Birthday _____ Email _____ Phone # _____

Number of years in Pii _____ First time attendee? _____ Member who encouraged you to attend _____
Has any of the above information changed since last conference? _____ Is
the participant allergic to any foods or medication? (If yes, please list) _____

Is the participant on any medication? (If yes, please list and describe what it's used for) _____

Medical Insurance Information:

Do you have Medical Insurance? Yes ___ No ___ (If yes, please fill in below)

In the event of illness or injury to the above named registrant, I DO/DO NOT (circle one) authorize People International, Inc. to Use
the following medical insurance: Insurance Carrier _____ ID Number
_____ Policy Holder _____ Policy Number
_____ Date _____ Signed

Parent / Guardian / Participant (Circle one)

In Case of Emergency, Please Notify (Please list two):

Name _____ Phone Number _____
Name _____ Phone Number _____

I, _____ being a participant in the People International, Inc. 2011 Conference in
Richmond, VA from July 17, 2011 through July 23, 2011, release People International, Inc. and anyone else acting in connection
with the Conference from any and all liability. Date _____ Signed

Parental Consent (please complete if registrant is **under** 18 years of age): I, _____ give
my permission for _____ to attend the People International, Inc. 2011 Conference in
Richmond, VA from July 17, 2011 through July 23, 2011. I release People International, Inc. and anyone else acting in connection
with the Conference from any liability.

Date _____ Signed _____