

**PEOPLE INTERNATIONAL, INC.
2019 SUMMER CONFERENCE REGISTRATION FORM**

Name _____ Age _____

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 medications? (If yes, please list) _____

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

The group photo will be provided to all Conference participants in the form of a digital file this year. Printed copies are available at a cost of \$5. Please check here if you would like a printed copy. _____

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. 2019 Conference in Richmond, VA from July 21, 2019 through July 27, 2019, 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. 2019 Conference in Richmond, VA from July 21, 2019 through July 27, 2019. I release People International Inc. and anyone else acting in connection with the Conference from any and all liability.

Date _____ Signed _____