

**PEOPLE INTERNATIONAL, INC.**  
**2023 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. 2023 Conference in St. Louis, MO from July 23, 2023 through July 29, 2023, 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. 2023 Conference in St. Louis MO from July 23, 2023 through July 29, 2023. I release People International Inc. and anyone else acting in connection with the Conference from any and all liability.

Date  Signed