



PEOPLE INTERNATIONAL, INC.
2025 CONFERENCE REGISTRATION FORM

Name _____ Age _____

Address _____ City _____ State _____ Zip Code _____

Date of Birth _____ Email _____ Phone _____

Number of years in PII _____ First time attendee? _____

Member who encouraged you to attend: _____

Has any of the above information changed since the 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) _____

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 _____ (circle one) authorize People International, Inc. to use the following medical insurance: Insurance Carrier _____

ID Number _____ Policy Holder _____

Policy Number _____ Date _____

Signed _____

In case of emergency, please notify (Please list two):

Name _____ Phone Number _____

Name _____ Phone Number _____

I, _____, being a participant in the People International, Inc. 2025 Conference in Delaware, OH from July 13, 2025 through July 19, 2025 release People International Inc., Ohio Wesleyan University, 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. 2025 Conference in Delaware, OH from July 13, 2025 through July 19, 2025. I release People International Inc., Ohio Wesleyan University, and anyone else acting in connection with the Conference from any and all liability.

Date _____ Signed _____

Property Liability Notice:

I, _____, understand that I am responsible for lost or stolen keys/key cards that are provided by Ohio Wesleyan University. I am prepared to pay a fee of \$200 for room key if lost, stolen, or damaged.

Date _____ Signed _____