

Date: _____

2018, March 17th E8PA Global Convention in Okinawa
PARTICIPATION APPLICATION (FORM B) *Must submit with FORM A

Applicant's Name (As on FORM A)	First & Middle Name	Last Name	Distributor's ID# / Rank (ID No. _____ / Rank <u> </u> A)
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*E8PA discounts are only applicable to immediate family members.

1	Name (As on Passport)	First Name	Middle Name	Last Name	
	Guest Type	<input type="checkbox"/> Guest <input type="checkbox"/> Distributor (ID No. _____ / Rank <u> </u> A)			
	For immediate family members of E8PA Cardholders ⇒	Cardholder's ID No. _____	E8PA Cardholder's	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling	
	Contact Info	[Home] _____	[Mobile] _____		
	Meals	<input type="checkbox"/> Regular <input type="checkbox"/> Halal <input type="checkbox"/> Seafood <input type="checkbox"/> Vegetarian			
	Ticket Type	<input type="checkbox"/> Adults(13yrs +)	<input type="checkbox"/> 6 to 12yrs (50%)	<input type="checkbox"/> under 6yrs (FREE)	Total
	\$	Mar. 17 Convention US\$ _____	+ Mar. 16 Golf US\$ _____	=	US\$ _____
2	Name (As on Passport)	First Name	Middle Name	Last Name	
	Guest Type	<input type="checkbox"/> Guest <input type="checkbox"/> Distributor (ID No. _____ / Rank <u> </u> A)			
	For immediate family members of E8PA Cardholders ⇒	Cardholder's ID No. _____	E8PA Cardholder's	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling	
	Contact Info	[Home] _____	[Mobile] _____		
	Meals	<input type="checkbox"/> Regular <input type="checkbox"/> Halal <input type="checkbox"/> Seafood <input type="checkbox"/> Vegetarian			
	Ticket Type	<input type="checkbox"/> Adults(13yrs +)	<input type="checkbox"/> 6 to 12yrs (50%)	<input type="checkbox"/> under 6yrs (FREE)	Total
	\$	Mar. 17 Convention US\$ _____	+ Mar. 16 Golf US\$ _____	=	US\$ _____
3	Name (As on Passport)	First Name	Middle Name	Last Name	
	Guest Type	<input type="checkbox"/> Guest <input type="checkbox"/> Distributor (ID No. _____ / Rank <u> </u> A)			
	For immediate family members of E8PA Cardholders ⇒	Cardholder's ID No. _____	E8PA Cardholder's	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling	
	Contact Info	[Home] _____	[Mobile] _____		
	Meals	<input type="checkbox"/> Regular <input type="checkbox"/> Halal <input type="checkbox"/> Seafood <input type="checkbox"/> Vegetarian			
	Ticket Type	<input type="checkbox"/> Adults(13yrs +)	<input type="checkbox"/> 6 to 12yrs (50%)	<input type="checkbox"/> under 6yrs (FREE)	Total
	\$	Mar. 17 Convention US\$ _____	+ Mar. 16 Golf US\$ _____	=	US\$ _____
4	Name (As on Passport)	First Name	Middle Name	Last Name	
	Guest Type	<input type="checkbox"/> Guest <input type="checkbox"/> Distributor (ID No. _____ / Rank <u> </u> A)			
	For immediate family members of E8PA Cardholders ⇒	Cardholder's ID No. _____	E8PA Cardholder's	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling	
	Contact Info	[Home] _____	[Mobile] _____		
	Meals	<input type="checkbox"/> Regular <input type="checkbox"/> Halal <input type="checkbox"/> Seafood <input type="checkbox"/> Vegetarian			
	Ticket Type	<input type="checkbox"/> Adults(13yrs +)	<input type="checkbox"/> 6 to 12yrs (50%)	<input type="checkbox"/> under 6yrs (FREE)	Total
	\$	Mar. 17 Convention US\$ _____	+ Mar. 16 Golf US\$ _____	=	US\$ _____

Grand Total
US\$ _____

* I am submitting _____ pages of FORM B.

ENAGIC INTERNAL USE ONLY		
Payment Received	(Month / Day / Year) _____ / _____ / 2018	Branch:
Amount	Method (Circle): <input type="checkbox"/> Card <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Bank USD	Staff: