



PURE TRAINER CERTIFICATION Specialist Registration

Session Dates : _____, 2010

Specialist Information :

Name : _____ Date : _____

Address : _____ City/State/Zip : _____

Home/Cell # : _____ Email : _____

Signature : _____ Specialist # : _____

Current Pure Opportunity™ Level : _____ T-shirt Size : _____

Proposed Opening Information: Date: _____ Location: _____

Attendee Signature: _____ Date: _____

Please Print Name : _____ Date: _____

Sponsoring Distributor Information:

Distributor Name: _____ Code: _____

Distributor Signature: _____ Date: _____

Registration should be sent to Executive Business Manager and Health-Mor via fax to 1-440-846-7900.