

Fun, Fit & Fabulous! Registration Form

REGISTER EARLY

Cost is \$20 per person (includes breakfast, lunch, workshops, health screenings and more). Only one registrant per form. You may make photocopies of the form.

Please check one: Cash Check Money Order

Please make all checks or money orders payable to Highmark Blue Shield.

Please check here if you would like a vegetarian lunch.

I am a Highmark employee. Employee ID # _____ .

Mail completed registration form to:
Fun, Fit & Fabulous! Women's Health Conference
Highmark Blue Shield
c/o: Community Programs, Ste, 1B 454
1800 Center Street
Camp Hill, PA17089

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-mail:** _____

Emergency contact: _____ **Emergency contact phone number:** _____

I grant permission for Highmark Blue Shield to use photographs and quotes from me in legitimate accounts and promotions for the event.

Signature: _____ **Date:** _____