

# MaximizedLiving Makeover

**Saturday April 25, 2015  
REGISTRATION FORM**

*For assistance: Contact seminars@drhardick.com or call (519) 673-1132.*

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

*The majority of the communication from Dr. Hardick and Maximized Living will come by email.*

**Email Address** \_\_\_\_\_

*Please note that by providing your email address, you will automatically receive Dr. Hardick's health bulletin approximately once per month through the year. You can opt out at any time.*

How did you learn of the Maximized Living Makeover? \_\_\_\_\_

Please name your referral source, if applicable! \_\_\_\_\_

***Help us help you! What have you already done to maximize your life?***

	Past	Present	Details / Program / Provider
Dietary Changes			
Vitamins/Detox			
Exercise			
Chiropractic			
Alternative Medicine			

*If you are married or in a relationship, we strongly suggest you attend with your significant other. Accountability groups are vital, so we give you the opportunity to register additional family members at a special rate. Will anyone be attending the Program with you?*

Yes No

*Now that you have registered, you can expect to receive important email announcements from our team. Please check your email regularly and read all correspondence carefully. Check all folders, including your bulk mail or junk mail folder, so you don't miss anything. If you have any further questions, please email seminars@drhardick.com*

**REGISTRATION FEES:**

\*\* Pre-Registration Discounts are available only until Friday, April 10, 2015.

<i>Registrants:</i>	<i>Fee</i>
Primary Registrant _____	_____
Additional Registrant _____	_____
Additional Registrant _____	_____
Additional Registrant _____	_____
Additional Resource Guide (\$10) # _____	_____

**HST:** \_\_\_\_\_

**Total Registration Fee:** \_\_\_\_\_

**PAYMENT BY:** *(Circle One)*

MasterCard    Visa \_\_\_\_\_ exp date \_\_\_\_\_

Cash    Cheque    *(Please make cheques payable to "Hardick Seminars and Coaching Inc.")*

**Office Use Only -- Sign and date all that apply:**

Registration Received by \_\_\_\_\_ Date \_\_\_\_\_

Payment Processed by \_\_\_\_\_ Date \_\_\_\_\_

Quickbooks Entry by \_\_\_\_\_ Date \_\_\_\_\_

Platinum Information Processed by \_\_\_\_\_ Date \_\_\_\_\_

*If you are completing this registration form at home, please fax the completed form to (519) 439-8312, or deliver it in person to our office at 331 Queens Avenue, London, at the corner of Queens and Waterloo.*