



**FitLife 2017 Summer Conference**  
 Riverhouse Hotel & Convention Center in Bend  
 July 16-18, 2017 (**Sunday-Tuesday**)

**INFORMATION & REGISTRATION**

**MISSION:** *The mission of the FitLife Summer Conference is to create meaningful networking and educational opportunities for the owners, managers and staff of FitLife member clubs and the suppliers who support them.*

**TO REGISTER:** Fill out this form completely, include payment information, and return it to Neal by Saturday, July 1, 2017. **FAX:** (503) 445-4045 **MAIL:** PO Box 1284, Pendleton, OR 97801

**FEES:** *Registration includes ALL meals (one dinner, two lunches, two breakfasts).*

	FitLife Member	Non-Member
<b>Early-Bird Registration</b> <i>received by 5pm Friday, 6/9/17</i>	\$189	\$239
<b>Regular Registration</b>	\$219	\$269
<b>Dinner Guest</b>	\$29/person	\$29/person

**HOTEL:** Contact the **Riverhouse** directly by June 17th to reserve your rooms at the discounted FitLife rate. Call **541-389-3111**— or visit [www.riverhouse.com](http://www.riverhouse.com).  
**Call early to reserve your rooms as they are limited!**

Room Type	Rate	Description
Standard & Superior Non-view rooms	\$174	Queen, or 2 Queen beds, or King
Deluxe- Riverview	\$184	Queen, 2 Queen bed or King with a river view.

**TO CANCEL:** Cancellation requests must be received in **WRITING** (email/fax/mail). Requests received by June 23, 2017, will be refunded less \$10 processing fee. **NO REFUNDS after 7/1/17.**

**QUESTIONS:** Please email ([neal@fitlifeclubs.com](mailto:neal@fitlifeclubs.com)) or call (503/445-6235) with any questions.

*Where you come to learn, grow, share and have fun- the FitLife Summer Conference.*



**Fitlife Summer Conference**  
 Riverhouse Hotel and Conference Center,  
 Bend, Oregon July 16-18, 2017

**REGISTRATION**

**CLUB:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY, ST, ZIP:** \_\_\_\_\_

*ATTENDEES: please include email address for registration confirmation; copy this form for additional attendees*

Name	Title	Email Address
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

**DINNER GUESTS:** *Spouses or other adult guests are welcome. Please do not include as guests any attendees already listed above as registrants (dinner is included in the regular registration). See table on prior page to determine appropriate rate.*

	Quantity		Rate		Total
Registration		x		=	
Dinner Guests		x	\$35	=	\$
Lunch Guests		x	\$25	=	\$
				<b>TOTAL</b>	\$

**PAYMENT INFORMATION:**

\_\_\_ Check Enclosed    \_\_\_ Send Invoice    \_\_\_ VISA    \_\_\_ MC  
 Name on Card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_  
 Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec. code \_\_\_\_\_

*Fax completed form to (503) 445-4045.*