

# Indigo Festival Registration Form

Today's Date \_\_\_\_\_

Promotion Code \_\_\_\_\_

Please fax completed form to 908.735.9360, along with a confirmatory e-mail to info@theindigofestival.com

## Your Personal Information.....

Name \_\_\_\_\_ DOB \_\_\_\_\_

Practice Name \_\_\_\_\_ Years in Practice \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

E-mail Address \_\_\_\_\_ Website \_\_\_\_\_

Cell Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Fax # \_\_\_\_\_ Assistant's Name \_\_\_\_\_

How did you hear about The Indigo Festival? \_\_\_\_\_

Anticipated date of your Indigo Festival? \_\_\_\_\_

Your Indigo Festival name will be: The Indigo Festival of \_\_\_\_\_

Practice Name Here

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### Investment Options: please select from the following:

Basic Indigo Host Package (\$1295)

One on One coaching with Team Indigo (\$500 per 5 hour block) # of blocks \_\_\_\_\_

One on One coaching with Dr. Jodi Dinnerman

Monthly Dr. Jodi Coaching (\$500 per month, six month commitment)

One time six month payment with Dr. Jodi Coaching (\$2750)

Indigo Returning Host Package (\$295)

Total Indigo Investment: \$ \_\_\_\_\_

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### Credit Card Payment:

Visa  MasterCard  American Express  Discover

Card Number \_\_\_\_\_ Amount to be Charged \_\_\_\_\_

Expiration Date \_\_\_\_\_ Name on the Card \_\_\_\_\_ Security Code \_\_\_\_\_

*By signing below I am agreeing to payment of \$ \_\_\_\_\_ to The Indigo Festival, LLC.  
I understand and agree to my credit card being charged for this amount in full.*

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Signature of Host \_\_\_\_\_

Date of Signature \_\_\_\_\_

Payment by Check: Please write all checks payable to *The Indigo Festival, LLC*  
Mail this completed form along with your check to The Indigo Festival, LLC, PO Box 5118 Clinton, NJ 08809