



**JUICE PLUS+®**  
**Children's**  
**Health Study**

**REGISTRATION FORM**

Name: \_\_\_\_\_

**+** **JUICE PLUS+®**  
**PRODUCT ORDER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

**Choice of free product for child (Adult automatically receives capsules):**

- Juice Plus+® Capsules     Juice Plus+® Chewables     JP+ Gummies®

**Method of Payment for Juice Plus+® Capsules (for adult):**

**United States:**

- \$41.75 (plus applicable taxes) every month  
 \$156.00 (plus applicable taxes and freight) every 4 months

**Canada:**

- \$59.38 (plus applicable taxes) every month  
 \$233.26 (plus applicable taxes and freight) every 4 months

**Process First Order:**

- ASAP    **OR**     Date: \_\_\_\_\_

**Bank Draft (Canadian customers must attach a voided check):**

Bank Routing #

Checking Account #

**Credit Card (Circle one):**

VISA    DISCOVER    MC    DINERS CLUB    JCB    AMEX (US Only)

Card #

Expiration Date \_\_\_\_/\_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**FOR US ORDERS:**

Fax form to: 901-850-3060 **OR**  
 Mail form to:  
 Children's Health Study  
 140 Crescent Drive  
 Collierville, TN 38017  
 901-850-3009

**FOR CANADIAN ORDERS:**

Fax form to: 905-624-4624 **OR**  
 Mail form to:  
 Children's Health Study  
 2785 Skymark Avenue, Unit #15  
 Mississauga, ON L4W 4Y3  
 905-624-6368

**FIN:** \_\_\_\_\_

**+** **HEALTH STUDY**  
**PARTICIPANT AGREEMENT**

**Participation Criteria:**

- I confirm that my child and I are not currently using Juice Plus+®. I confirm that my child is between the ages of 4-18 or is a full-time undergraduate student.

**Adult Participation:**

- I agree to become a Juice Plus+® Preferred Customer and use Juice Plus+® as recommended. (2 Orchard Blend capsules and 2 Garden Blend capsules every day) for a period of one year.

**Child Participation:**

- I understand that my child will receive free Juice Plus+® product (capsules, gummies or chewables) for the same one-year period.
- I agree to ensure to the best of my ability that my child takes the recommended children's serving of Juice Plus+® during the one-year study period.

**Product Shipment and Study Questionnaires:**

- I agree to complete the Juice Plus+® Children's Health Study Enrollment Questionnaire and submit it within the next seven days.
- I understand that I will receive an initial 4-month supply of Juice Plus+® for both me and my child.
- I understand that I will receive two subsequent shipments containing additional 4-month supplies of Juice Plus+® for both me and my child approximately four months and eight months from now.
- I agree to complete the Follow-up Study Questionnaires (either paper or online) and submit it within seven days of receiving it.

**Today's Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

**Participating Adult's Name:**

\_\_\_\_\_

**Participating Adult's Signature:**

\_\_\_\_\_

**Participating Child's Name:**

\_\_\_\_\_

**Participating Child's Birthdate:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

**Name of College (if 19 or over):**

\_\_\_\_\_

**Student's e-mail:**

\_\_\_\_\_