



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: *(Ages 13+ automatically receives capsules)*

Shipping and handling will be charged on free product.

- Juice Plus+® Capsules *(ages 6+)*
 Juice Plus+® Chewables *(ages 4-12)*

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

- \$41.75 (plus applicable taxes and \$1.75 S&H on child's product) every month
 \$156.00 (plus applicable taxes and freight) every 4 months

Process First Order:

- ASAP **OR** Date: _____

Bank Draft:

Bank Routing #
 Checking Account #

Credit Card *(Circle one)*:

VISA DISCOVER MC DINERS CLUB JCB AMEX
 Card #
 Expiration Date ____/____

Cardholder Name: _____

Billing Address: _____

City/State/Zip: _____

Telephone: _____ Email: _____

Cardholder's Signature: _____

TO ORDER:

Fax form to: 901-850-3060

OR

Mail form to: Children's Health Study
140 Crescent Drive
Collierville, TN 38017

Telephone: 901-850-3009

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 or chewables) for the same one-year period. I agree to pay shipping/handling for my free product.
- 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 Child's Name:

Participating Child's Birthdate: ____/____/____
Month Day Year

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

Student's e-mail:

Participating Adult's Name:

Participating Adult's Signature:
