



Juice PLUS+  
children's  
health study

**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

# REGISTRATION FORM

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

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

**+** JUICE PLUS+<sup>®</sup> PRODUCT ORDER

**+** HEALTH STUDY PARTICIPANT AGREEMENT

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+<sup>®</sup> Capsules (ages 6+)
- Juice Plus+<sup>®</sup> Chewables (ages 4-12)

**Method of Payment for Juice Plus+<sup>®</sup> Capsules (for adult):**

- \$44.50 (plus applicable taxes and \$1.75 S&H on child's product) every month
- \$165.00 (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: \_\_\_\_\_

**Participation Criteria:**

- I confirm that my child and I are not currently using Juice Plus+<sup>®</sup>. 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+<sup>®</sup> Preferred Customer and use Juice Plus+<sup>®</sup> 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+<sup>®</sup> 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+<sup>®</sup> during the one-year study period.

**Product Shipment and Study Questionnaires:**

- I agree to complete the Juice Plus+<sup>®</sup> 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+<sup>®</sup> for both me and my child.
- I understand that I will receive two subsequent shipments containing additional 4-month supplies of Juice Plus+<sup>®</sup> 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:**

\_\_\_\_\_