

For US Orders
Fax form to: 901-541-1249
- OR - Mail form to:
JPCRF
4260 E Raines Road
Memphis, TN 38118
901-541-1248

Juice PLUS+ Children's Health Study

REGISTRATION FORM

For Canadian Orders
Fax form to: 905-624-4624
- OR - Mail form to:
JPCRF Canada Inc.
2785 Skymark Ave Unit #15
Mississauga, ON L4W 4Y3
905-624-6368

Foundation Member (Virtual Franchisee or above):

PVC for this order goes to:

Name: _____

Name: _____

FIN: _____

FIN: _____

Juice Plus+® Product Order

Please send my order to:

Name _____

Address _____

City / State / Zip _____

Daytime Telephone _____

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

Juice Plus+® Capsules Juice Plus+® Chewables

Method of Payment for Juice Plus+® capsules (for parent)

US

\$39.75 (plus applicable taxes) every month

\$150.00 (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 Acct # _____

Credit Card

VISA DISCOVER MC DINERS CLUB *AMEX (US ONLY)

Card # _____

Expiration Date (____/____/____)

Cardholder Name _____

Billing Address _____

City / State / Zip _____

Telephone _____

E-mail _____

Cardholder's Signature _____

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 no younger than 6 years old and no older than 15 years old.

Adult Participation

I agree to become a Juice Plus+® Preferred Customer and use Juice Plus+® as recommended. (2 Orchard Blend capsules each morning, 2 Garden Blend each afternoon or evening) 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 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 enclosed Juice Plus+® Children's Health Study Enrollment Questionnaire and return it in the enclosed business reply envelope 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 approximately seven business days after submitting my product order.

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 Interim Study Questionnaire contained in the second shipment of Juice Plus+® and submit it within seven days of receiving it.

I agree to complete and submit a Final Study Questionnaire at the end of the one-year period.

Today's Date (____/____/____)

Participating Adult's Name _____

Participating Adult's Signature _____

Participating Child's Name _____

Participating Child's Birth date (____/____/____)