

Distributor/Representative Name: _____ ID Number: _____



Team Elite—Maui
March 11-17, 2010

ADDITIONAL ROOM REGISTRATION FORM

Page 1 of 5

For guests purchasing an additional room: a maximum of four persons per room is allowed.

Package Inclusions

There is no charge for children ages two and under. **Note:** Infants will be considered lap children on the included tours. The package includes round-trip transportation to and from the airport in Kahului, Maui if traveling on group dates, six- nights deluxe accommodations at the Grand Wailea Resort and Spa, daily breakfast buffet, Nu Skin welcome reception, two exclusive Nu Skin tours, one business lunch, Nu Skin Awards Gala, Nu Skin Farewell Dinner, and all baggage handling, taxes, and gratuities.

Rates listed below are for reservations on the group dates, arriving on Thursday, March 11 and checking out on Wednesday, March 17

HOTEL INFORMATION FOR ADDITIONAL ROOM - A total of four individuals is allowed per room.

Rates listed below are for reservations on the group dates, arriving **Thursday, March 11**, and checking out **Wednesday, March 17, 2010**. *Additional night requests are filled on a first-come first-serve basis and are based on hotel availability.*

Please check here if you plan to arrive or depart on dates other than the group dates and would like more information on additional nights.

\$2,542 USD	Double occupancy, sharing same room, per person	\$ _____
\$1,423 USD	Third and fourth guests 3 years and older, sharing same room, per person	\$ _____
\$3,680 USD	Single occupancy	\$ _____
	Total	\$ _____

ADDITIONAL GUEST INFORMATION

Please list names exactly as they appear on passports.

Guest #1	Guest #2
FAMILY NAME: _____	FAMILY NAME: _____
GIVEN NAME: _____	GIVEN NAME: _____
DIET RESTRICTIONS: _____	DIET RESTRICTIONS: _____
DATE OF BIRTH: _____ AGE: _____	DATE OF BIRTH: _____ AGE: _____
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female

Guest #3	Guest #4
FAMILY NAME: _____	FAMILY NAME: _____
GIVEN NAME: _____	GIVEN NAME: _____
DIET RESTRICTIONS: _____	DIET RESTRICTIONS: _____
DATE OF BIRTH: _____ AGE: _____	DATE OF BIRTH: _____ AGE: _____
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female



Team Elite—Maui
March 11-17, 2010

ADDITIONAL ROOM REGISTRATION FORM

Page 2 of 5

Distributor/Representative Name: _____ ID Number: _____

AIR AND TRANSPORTATION INFORMATION

Your Team Elite package includes transportation from the Kahului, Maui airport to the Grand Wailea Resort and Spa on Thursday, March 11, 2010, returning from the hotel to the airport on Wednesday, March 17, 2010 **If you already have your flight information, please provide it below.** If you do not have your flight information at this time, please fax in this sheet to 801-345-2759 no later than **February 11, 2010**, in order to allow sufficient time for us to arrange your ground transportation

Guest #1

DEPARTURE CITY: _____
ARRIVAL DATE: _____
AIRLINE/FLIGHT #: _____
RETURN DATE: _____
AIRLINE/FLIGHT #: _____

Guest #2

DEPARTURE CITY: _____
ARRIVAL DATE: _____
AIRLINE/FLIGHT #: _____
RETURN DATE: _____
AIRLINE/FLIGHT #: _____

Guest #3

DEPARTURE CITY: _____
ARRIVAL DATE: _____
AIRLINE/FLIGHT #: _____
RETURN DATE: _____
AIRLINE/FLIGHT #: _____

Guest #4

DEPARTURE CITY: _____
ARRIVAL DATE: _____
AIRLINE/FLIGHT #: _____
RETURN DATE: _____
AIRLINE/FLIGHT #: _____

Please check here if you do not have your flight information at this time.

TOUR INFORMATION FOR GUESTS

Please indicate which tour your guest (s) would like to attend. For more information and detailed descriptions, please visit the Team Elite Maui website at: www.nseteamelite.com. The tours listed below have a limited availability and will be filled on a first-come first-serve basis. Not all tours will be available in all languages. Please indicate your preference so we can best serve your translation needs.

English Japanese Mandarin Korean



**ADDITIONAL ROOM REGISTRATION
FORM**

Distributor/Representative Name: _____ ID Number: _____

Saturday, March 13	TIME	Please select one tour today.
Skyline Eco-Adventure	<input type="checkbox"/> 7 am <input type="checkbox"/> 8 am <input type="checkbox"/> 10 am <input type="checkbox"/> 11 am	<input type="checkbox"/> 1 st Guest <input type="checkbox"/> 2 nd Guest <input type="checkbox"/> 3 rd Guest <input type="checkbox"/> 4 th Guest
Horseback Ride	<input type="checkbox"/> 7:30 am <input type="checkbox"/> 11:30 am	<input type="checkbox"/> 1 st Guest <input type="checkbox"/> 2 nd Guest <input type="checkbox"/> 3 rd Guest <input type="checkbox"/> 4 th Guest
Iao Valley & Maui Ocean Center	<input type="checkbox"/> 9:30 am	<input type="checkbox"/> 1 st Guest <input type="checkbox"/> 2 nd Guest <input type="checkbox"/> 3 rd Guest <input type="checkbox"/> 4 th Guest
Ocean Kayaking & Snorkeling	<input type="checkbox"/> 6:45 am <input type="checkbox"/> 10:15 am	<input type="checkbox"/> 1 st Guest <input type="checkbox"/> 2 nd Guest <input type="checkbox"/> 3 rd Guest <input type="checkbox"/> 4 th Guest
Ocean Power Rafting & Snorkeling	<input type="checkbox"/> 6:15 am	<input type="checkbox"/> 1 st Guest <input type="checkbox"/> 2 nd Guest <input type="checkbox"/> 3 rd Guest <input type="checkbox"/> 4 th Guest
Atlantis Submarine	<input type="checkbox"/> 8:45 am <input type="checkbox"/> 9:45 am	<input type="checkbox"/> 1 st Guest <input type="checkbox"/> 2 nd Guest <input type="checkbox"/> 3 rd Guest <input type="checkbox"/> 4 th Guest
Whale Watch Cruise	<input type="checkbox"/> 8:15 am	<input type="checkbox"/> 1 st Guest <input type="checkbox"/> 2 nd Guest <input type="checkbox"/> 3 rd Guest <input type="checkbox"/> 4 th Guest
Catamaran Snorkel Sail	<input type="checkbox"/> 7 am	<input type="checkbox"/> 1 st Guest <input type="checkbox"/> 2 nd Guest <input type="checkbox"/> 3 rd Guest <input type="checkbox"/> 4 th Guest
Golf Do you need rental clubs? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*Note there are a limited number of Rental clubs available. We encourage golfers to bring their own clubs.</i>	<input type="checkbox"/> You will be assigned a tee time between 8:35 am - 9:38 am	<input type="checkbox"/> 1 st Guest <input type="checkbox"/> 2 nd Guest <input type="checkbox"/> 3 rd Guest <input type="checkbox"/> 4 th Guest Clubs for 1st Guest <input type="checkbox"/> Right-hand <input type="checkbox"/> Left-hand Clubs for 2nd Guest <input type="checkbox"/> Right-hand <input type="checkbox"/> Left-hand Clubs for 3rd Guest <input type="checkbox"/> Right-hand <input type="checkbox"/> Left-hand Clubs for 4th Guest <input type="checkbox"/> Right-hand <input type="checkbox"/> Left-hand

Sunday, March 14	TIME	
West Maui Shopping	<input type="checkbox"/> 10:00 am <input type="checkbox"/> 11:00 am <input type="checkbox"/> Noon <input type="checkbox"/> 1:00 pm <input type="checkbox"/> 2:00 pm <input type="checkbox"/> 3:00 pm	<input type="checkbox"/> 1 st Guest <input type="checkbox"/> 2 nd Guest <input type="checkbox"/> 3 rd Guest <input type="checkbox"/> 4 th Guest

Tours continued on page 4.

**ADDITIONAL ROOM REGISTRATION
FORM**



Distributor/Representative Name: _____ ID Number: _____

Monday, March 15	TIME	Please select one tour today.
Skyline Eco-Adventure	<input type="checkbox"/> 8 am <input type="checkbox"/> 11 am <input type="checkbox"/> 12:30 pm	<input type="checkbox"/> 1 st Guest <input type="checkbox"/> 2 nd Guest <input type="checkbox"/> 3 rd Guest <input type="checkbox"/> 4 th Guest
Horseback Ride	<input type="checkbox"/> 7:30 am <input type="checkbox"/> 11:30 am	<input type="checkbox"/> 1 st Guest <input type="checkbox"/> 2 nd Guest <input type="checkbox"/> 3 rd Guest <input type="checkbox"/> 4 th Guest
Iao Valley & Maui Ocean Center	<input type="checkbox"/> 9:30 am	<input type="checkbox"/> 1 st Guest <input type="checkbox"/> 2 nd Guest <input type="checkbox"/> 3 rd Guest <input type="checkbox"/> 4 th Guest
Ocean Kayaking & Snorkeling	<input type="checkbox"/> 6:45 am <input type="checkbox"/> 10:15 am	<input type="checkbox"/> 1 st Guest <input type="checkbox"/> 2 nd Guest <input type="checkbox"/> 3 rd Guest <input type="checkbox"/> 4 th Guest
Ocean Power Rafting & Snorkeling	<input type="checkbox"/> 6:15 am	<input type="checkbox"/> 1 st Guest <input type="checkbox"/> 2 nd Guest <input type="checkbox"/> 3 rd Guest <input type="checkbox"/> 4 th Guest
Atlantis Submarine	<input type="checkbox"/> 8:45 am <input type="checkbox"/> 9:45 am	<input type="checkbox"/> 1 st Guest <input type="checkbox"/> 2 nd Guest <input type="checkbox"/> 3 rd Guest <input type="checkbox"/> 4 th Guest
Whale Watch Cruise	<input type="checkbox"/> 8:15 am	<input type="checkbox"/> 1 st Guest <input type="checkbox"/> 2 nd Guest <input type="checkbox"/> 3 rd Guest <input type="checkbox"/> 4 th Guest
Catamaran Snorkel Sail	<input type="checkbox"/> 7 am	<input type="checkbox"/> 1 st Guest <input type="checkbox"/> 2 nd Guest <input type="checkbox"/> 3 rd Guest <input type="checkbox"/> 4 th Guest
Golf Do you need rental clubs? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*Note there are a limited number of Rental clubs available. We encourage golfers to bring their own clubs.</i>	<input type="checkbox"/> You will be assigned a tee time between 8:35 am - 9:38 am	<input type="checkbox"/> 1 st Guest <input type="checkbox"/> 2 nd Guest <input type="checkbox"/> 3 rd Guest <input type="checkbox"/> 4 th Guest Clubs for 1st Guest <input type="checkbox"/> Right-hand <input type="checkbox"/> Left-hand Clubs for 2nd Guest <input type="checkbox"/> Right-hand <input type="checkbox"/> Left-hand Clubs for 3rd Guest <input type="checkbox"/> Right-hand <input type="checkbox"/> Left-hand Clubs for 4th Guest <input type="checkbox"/> Right-hand <input type="checkbox"/> Left-hand

DUE DATE: Mail or fax this registration form to the Nu Skin Special Events Department no later than January 30, 2010. It is imperative that registration is received by this date. We do not want to see anyone miss out on this wonderful trip due to a registration or visa problem. Team Elite members will work through their country offices to complete passport/visa requirements.

NO CHANGES WILL BE ACCEPTED AFTER February 11, 2010.

\$2,542 USD Double occupancy, sharing same room, per person	\$ _____
\$1,423 USD Third and fourth guests 3 years and older, sharing same room, per person	\$ _____
\$3,680 USD Single occupancy	\$ _____
Total	\$ _____

Team Elite—Maui
March 11-17, 2010

**ADDITIONAL ROOM REGISTRATION
FORM**

Page 5 of 5



Distributor/Representative Name: _____ ID Number: _____

PAYMENT INFORMATION

CREDIT CARD #: _____ EXPIRATION DATE: _____

TOTAL AMOUNT TO BE CHARGED: \$ _____

NAME ON CARD: _____

AUTHORIZED SIGNATURE: _____

By signing this form I authorize Nu Skin Enterprises to charge my credit card for the above fees.

PLEASE FAX OR MAIL YOUR FORM NO LATER THAN January 30, 2010 to:

**Fax: (1) 801-345-2759 Nu Skin Special Events Department
75 West Center Street
Provo, UT 84601
U.S.A.**

Acceptance of Terms & Conditions

Nu Skin International and their agents give notice that all tickets, vouchers, and coupons issued by them, and all arrangements for transportation or for accommodations made by them, are made only as an agent for the passenger and upon the condition that neither Nu Skin nor their agents shall be responsible for any damage, injury, loss, accident, delay or irregularity of any kind which may occur (including any act of negligence or breach of contract of any third party who is to or does supply goods or services for this trip). Without limiting the foregoing, the above and their agents are not responsible for any losses or expenses due to delay or changes in schedule, overbooking of accommodation, default or third parties, sickness, weather, strikes, acts of God, acts of terrorism, force majeure, war, quarantine, criminal activity, or any other cause beyond its control. The passenger must pay for all such losses and expenses. The right is reserved to alter or cancel arrangements if deemed necessary or advisable by above agents.

I/we have read this information and agree to the terms and conditions.

Passenger signatures: (children under 18 need not sign)

GUEST #1, (18 & older): _____ DATE: _____

GUEST #2, (18 & older): _____ DATE: _____

GUEST #3, (18 & older): _____ DATE: _____

GUEST #4, (18 & older): _____ DATE: _____

Any questions may be referred to Steve Rich at 801-345-2750 or via email at smrich@nuskin.com.