For US Orders Fax form to: 901-850-3060

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

Health Study Member (Virtual Franchisee or above):

Juice PLUS^{*} Children's Health Study

REGISTRATION FORM

For Canadian Orders

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

PVC for this order goes to:

A contribution is being made on your behalf to support your child's participation in the Children's Health Study.

Name:	Name:
FIN:	FIN:
Juice Plus+® Product Order	Health Study Participant Agreement
Please send my order to: Name	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 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 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
VISA DISCOVER MC DINERS CLUB JCB *AMEX (US ONLY) Card #	receiving it. I agree to complete and submit a Final Study Questionnaire at the end of the one-year period. Today's Date (//) Month Day Year Participating Adult's Name Participating Child's Name Participating Child's Birth date (//) Month Day Year
-	Form#990208 Rev. 12/07