



# Product Training

I am Participating - 6 - 8 July 2008

Name :

I.D. No. :

Place :

State :

Mobile :

E-mail :

Date of Joining Noni Family : Date   Month   Year

Total Commission Earned :

Earned in last 3 Months :

Name of the Active Upline :

Mobile :

Name of the Active Upline's Upline :

Mobile :

**Whether you are - (you can tick ✓ more than one - if you feel applicable to you)**

Noni House Captain / Head (already certified) (State ..... Responsible of How many House .....

Opting to be a Noni House Captain / Head in ..... State and willing to take responsibility of how many house ..... (specify in number)

Opting to be a Noni House 4 Core leader (State ..... Name of the House Captain .....

Wellness Director :  SD  JSD  RD  JRD  CRD

Wellness District Director : District ..... State .....

**I am a 5 Star Challenger : Since**

1 Month

2 Months

..... Month

Already Completed 12 / 24 / 36 months and continuing since ..... months currently.

Already Completed 12 / 24 / 36 and discontinued for .....months / years and started again since ..... months.

I confirm my participation on 8 July 2008 - Special Meet (Noni House Captains & Wellness Directors must attend) OR

I shall not be attending the meeting on 8th July 08, (Please Specify Reason .....)

Date : .....

Signature