

First Wellness Education Programme

(5 Star Wellness Distributors Only)

APPLICATION FORM

Name : _____

Distributor ID : _____

Address : _____

Phone/Mobile : _____

E-mail ID : _____

I here by confirm that I am willing to participate the First Wellness Education Programme at Chennai.

Date :

Place :

Signature

Application should reach us before 30th December 2006

Noni Family Business

No. 55,Venkatarathnam Nagar, Kasthurba Nagar IIIrd Cross, Adyar, Chennai 600 020.