



# NATIONAL CONFERENCE

Salt Lake City, April 24<sup>th</sup>-25<sup>th</sup>

## Locations:

Salt Palace Convention Center, Exhibit Hall 2  
100 S West Temple, Salt Lake City, Utah

FitCon and MMA Fight: South Towne Expo Center  
9575 S. State Street, Sandy, Utah

## Friday:

|            |          |             |
|------------|----------|-------------|
| 9am to 3pm | Training | Salt Palace |
| 4pm to 9pm | Training | Expo Center |

## Saturday:

|            |               |             |
|------------|---------------|-------------|
| 9am to 5pm | Training      | Salt Palace |
| 7pm        | Entertainment | Expo Center |

## Pricing:

\$129.00 through March 15  
\$159.00 after March 15

## Register:

[www.greatestversionofyou.com/products-page](http://www.greatestversionofyou.com/products-page)  
[www.vgsupport.com/pre-register/](http://www.vgsupport.com/pre-register/)

## Featuring Special Speakers



**Kirk Hansen**  
Founder



**Carl Taylor**  
Founder



**Michael Breshears**  
CEO



**Black Diamonds**  
Becky & John Bursell



**Red Diamond**  
Mike Akagi



**Purple Diamond**  
Angel Olvera

## REGISTRATION INFORMATION

|                     |                                                       |                         |                 |
|---------------------|-------------------------------------------------------|-------------------------|-----------------|
| Name (First, Last): |                                                       | Kyäni Distributor ID #: |                 |
| Mailing Address:    |                                                       | City:                   | State/Province: |
| Zip/Postal Code:    | Email (for order confirmation, updates or questions): |                         |                 |

## PAYMENT INFORMATION - CREDIT CARD ONLY

|                                                                                                                                     |              |                 |                    |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------|--------------------|
| Primary form of Payment:<br><input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER<br><input type="checkbox"/> MASTER CARD | Card Number: | Security Code:  | Exp. Date (MM/YY): |
| Cardholder Name (as it appears on your card):                                                                                       |              |                 |                    |
| Cardholder Billing Address (where you receive your monthly statement):                                                              |              |                 |                    |
| City:                                                                                                                               |              | State/Province: | Zip/Postal Code:   |
| Signature:                                                                                                                          |              |                 | Date:              |