

# New Product Launch-Advanced ERE & Grande SOQI Bed

# MINNESOTA SEMINAR



- Date
- Sign Up Due
- Outline

November 1-2, 2008

October 24, 2008

- The Power of SOQI Bed (Includes Chi Machine, HotHouse)
- New Product : Advanced ERE Presentation & Demo
- BetaLoe and immunity
- Ways to build a consistent residual income through HTE's compensation plan
- Effective management training of your SOQI business: Recruiting, Post-sale follow-up, Goal Setting
- Dinner & Outstanding Recognition & Lucky Draw

Day 1 - 1:00 pm - 6:00 pm (Product Training)  
6:30pm-8:30pm (Dinner time)

Day 2 - 9:00 am - 4:00 pm (Pre-MAC Training)

Jeff Kowalski, Delores Mishleau, Connie Stoner, Kim Hammer & A.J. Lanigan

General Admission: \$49.00 (Taining ,Dinner & Lunch)  
General Admission + Nov 1 Sleeping Room - \$89.00 (Special rate for signing up before October 24, 2008)

- Time
- Speakers
- Fee
- Location
- Incentive

Minneapolis Marriott West (Galway ABC)

9960 Wayzata Boulevard

Minneapolis, MN 55426 TEL: 952-544-4400

- \* Register 1 new attendee for seminar, receive 1 BetaLoe.
  - \* Register 2 new attendees for seminar, receive 1 Palm Massager.
  - \* Register 3 new attendees for seminar, receive 1 Palm Massage + All Product DVD x 2.
  - \* Register 4 new attendees for seminar, receive 1 Set of R2N.
  - \* Register 5+ new attendees for seminar, receive 1 FIR PAD.
- (New Attendee - anyone who has not attended previous seminars)  
\*\*Incentive prize can only be claimed on-site at the seminar



Jeff Kowalski



Delores C.R. Mishleau



A.J. Lanigan



Kim Hammer



Connie Stoner

I am  Distributor  New Friend (Please mark)

## Minnesota Seminar Sign UP Form

Name	Level	ID #
Card Holder's Name <small>(please print)</small>		
Fee	<input type="checkbox"/> \$89.00 <input type="checkbox"/> \$49.00	Phone #
Card #	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	S.C.
Signature	<small>(Must be the same as on the credit card)</small>	Exp. Date
Billing Address		Fax To (631)454-1601

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