

WELLNESS ADVOCATE NAME

MEMBER NO

PHONE NUMBER

EMAIL ADDRESS

WELLNESS ADVOCATE CHECK LIST

EVENT SUBMISSION CHECK LIST

- ☐ DIAGRAM OF BOOTH
- ☐ IMAGE OF BANNER OR POSTER
- ☐ PROOF OF PAID SPACE
- ☐ SUBMIT FORM TO compliance@doterra.com

EVENT INFORMATION

DATE OF EVENT _____

NAME OF EVENT _____

LOCATION (CITY, STATE) _____

TYPE OF EVENT _____

COMPLETE LIST OF MATERIALS AT EVENT

ADDITIONAL EVENT INFORMATION

*All events submission forms must be submitted at least four (4) weeks in advance of the event. One form per month is required to be submitted to cover all events taking place in that period. Please list any additional event information in extra space provided above.

DECLARATION

By submitting this Event Submission Form, I affirm that I have read Section 13.D of the Policy Manual and I acknowledge that I am responsible to comply with those guidelines. I also agree that the facts set forth in this form are true and complete and I have provided the necessary documentation. I also agree to have new enrolees sign a Wellness Advocate or Wholesale customer Agreement at time of purchase, to ensure an understanding of membership being created. I understand that if my submission is denied I will not be permitted to participate in representing dōTERRA at this event.

MEMBER SIGNATURE*

DATE

*Please note in order for this form to be submitted successfully it requires a handwritten signature. Please sign above, print, scan and email the document to compliance@doterra.com

FOR COMPLIANCE USE ONLY

- ☐ Diagram of Booth
- ☐ Graphic of Banner/Poster
- ☐ Reserved Space Proof
- ☐ Exclusivity
- ☐ Added to Event Calendar

DATE RECEIVED _____

DATE APPROVED _____

COMPLIANCE DEPARTMENT APPROVAL _____

MARKETING DEPARTMENT _____