*SHAKLEE SPRING EXTRAVAGANZA*

*THIS ANNUAL LUNCHEON WAS STARTED IN 1977 AS A WOMAN’S LUNCHEON,*

*BUT IS NOW FOCUSED ON BOTH MEN AND WOMEN*



***Saturday, May 7, 2016***

***9:00 a.m. - 1:30 p.m.***

## Sheraton Minneapolis West

***12201 Ridgedale Drive (SE corner of Ridgedale shopping center)***

***Minnetonka, MN phone: 952-544-6282***

***Hosted By-***

***Twin Cities Area Masters***

*****GUEST SPEAKERS – DR. DAVID & REBECCA COLBY, Sr. Directors*****

****DAVID is a professor with a doctorate in Pharmacy as well as a PhD in Chemistry. He teaches classes on dietary supplements at the University of Mississippi and has authored over 25 Scientific Peer-Reviewed papers. Some of his research from his laboratory has been commercialized and reported in the Wall Street Journal!! He also serves on the Shaklee Field Science Advisory Committee. *David KNOWS A LOT ABOUT WHAT MAKES FOR A QUALITY SUPPLEMENT and he is going to teach us what to look for and what to avoid.*****

****REBECCA, who has a Masters in Music Therapy, has decided to be a stay-at-home Mom and pursue a Shaklee career. They have earned a Director trip to CA and just received their Shaklee bonus car. She will share *why* they chose Shaklee and *how* they are growing their business.****

*****Enjoy an entertaining and educational time where you will learn how to:*****

* ***Attain* ***Better Health*** *for your families and***
* ***Have a Non-Toxic “****Go Green” home*** *and***
* ***Achieve the* ***Freedom of Time and Money*****

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(CHECKS WILL BE HELD WITHOUT CASHING UNTIL 4/20/2016)

 Make checks payable to - Minneapolis Master’s Fund

Please mail this form to:

C & J Hoffmann Enterprises, Inc.

Joyce Hoffmann, 1350 Morningview Drive, Mound, MN 55364 Mail by April 22th, 2016

Reserve a block of 5 by April 10th to receive a $5.00 discount , a table reserved for 10 is discounted $10.00

There will be assigned seating, so if you wish to sit with your friends, you may want to secure a table for ten.

I would like to order \_\_\_\_\_\_\_\_\_\_ # tickets @ $ 27.50 each for a total of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPECIAL MEAL REQUESTS: \_\_\_\_\_\_\_\_# vegetarian or \_\_\_\_\_\_\_\_\_# gluten free

Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (No Refunds)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please enclose a self addressed, stamped envelope for return of your tickets.