

HEALTHY WEIGHT LOSS PROGRAMS FORM

Please do your best to fill out this form as accurately as possible.
We will notify when the announcement is posted. Please make sure
you check your spelling.

In completing this healthy weight loss programs form please fill out complete names
In Address and locations, please give city state and zip.

Date you want healthy weight loss programs to come out _____

healthy weight loss programs will not be published until receive a date.

If partners are available please list full names of all partners involved

Full names and address of healthy weight loss programs _____

Partners (include address) _____

other partners (include address) _____

Are the healthy weight loss programs partners on the Internet? Yes _____ No _____

If no list the relationship of the healthy weight loss programs

Company been in business for how long? _____

Partner employed by _____

NAME AND DAYTIME NUMBER (WITH AREA CODE) OF A PERSON AVAILABLE TO ANSWER QUESTIONS

I certify to the best of my knowledge my information is true.

(Name) _____ (Signature) _____

mail completed forms to:
HEALTHY WEIGHT LOSS PROGRAMS DEPT
healthy weight loss programs times
po box 391
midland tx 79701