

# ***Healthier U Inc.***

## ***Weight Loss Program***

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*Package Price*                      **\$124.00**

*Name* \_\_\_\_\_

*Date of Birth* \_\_\_\_\_

*Address* \_\_\_\_\_  
\_\_\_\_\_

*Cell* \_\_\_\_\_

*Email* \_\_\_\_\_

*I agree to participate in an evaluation questionnaire, and  
to write a short review.*

*I agree to allow Healthier U use of my before and after photos  
on their web site/marketing.*

*Signature* \_\_\_\_\_

*Date*