

In order to receive the \$50 rebate for your participation in Weight Watchers for 9 of 12 meetings you need to complete the following form and **return it with the Weight Watchers Rebate Form to the address or fax below**. Please see the Weight Watchers Rebate Form for eligibility period dates.

DATE	Meeting Location	Signature of Leader

Name _____ Phone _____ Email _____

Employer (please check one):

- | | | |
|--|--|--|
| <input type="checkbox"/> HomeHealth | <input type="checkbox"/> Maine Medical Partners | <input type="checkbox"/> Synernet |
| <input type="checkbox"/> Lincoln County Healthcare | <input type="checkbox"/> Maine Mental Health Partners | <input type="checkbox"/> Waldo County Healthcare |
| <input type="checkbox"/> MaineHealth Corporate | <input type="checkbox"/> NorDx | <input type="checkbox"/> Western Maine Health Care |
| <input type="checkbox"/> Maine Medical Center | <input type="checkbox"/> Southern Maine Medical Center | |

Send completed attendance sheet and Rebate form to:
MaineHealth WOW! 465 Congress Street, Suite 701, Portland, ME 04101
Or, fax to: 207-541-7548

Questions? Email: mainehealthwow@mainehealth.org or Phone: 1-866-WOW-6090

Please keep a copy of this form for your records.