



Ideal Protein Authorised Centre - New Dieter Enrollment Form

CENTRE:

Date: _____
Centre: _____
Contact: _____
Phone: _____ Email: _____

DIETER:

Name: _____
Address: _____
(ship-to) _____
Phone (HM): _____ Mobile: _____
Email(s): _____

ensure that dieter has their preferred payment source ready for initial on-line order

START-UP:

Projected Dieter Start Date (allow time for enrollment and initial order) _____

Projected Dieter Startup Order (actual order will be placed by dieter on program web site):

Supplements: Mag Forte ____, Multi Essentials ____, Sea Salt ____, _____/____

Miscellaneous: Shaker Cup ____, _____/____, _____/____

Foods: _____/____ _____/____
_____/____ _____/____
_____/____ _____/____
_____/____ _____/____
_____/____ _____/____

Comments: _____

email completed form to newdieter@rite4life.com.au, or FAX to _____