

The Wellness School

I would like to invite you to join me in a partnership to educate your parents. Please take a moment to fill out the following form and return it to my office.

Exact Club Name _____

Contact Name _____

Telephone _____ Email _____

Address _____

Who should receive the finished newsletter? _____

and how many copies would you like to receive? _____

Dates of your monthly meetings: _____

Please return this form to Dr. Roller at 9351 South 1300 East
or fax it to 270.517.1797.
Please feel free to call me with any questions at 801.255.3925.
Thank you again for considering this educational partnership.