



REGISTRATION FORM

Programme Name: WEIGHT LOSS 2.0

Commence Date: _____

Cheque enclosed for \$_____ payable to "Integrated Medicine Institute (HK) Ltd."

OR

Please charge my credit card, number: _____ - _____ - _____ - _____

Exp. Date: ____ / ____ / ____ 3-Digit Security Pin: ____ Card type: Master/Visa

Name: _____ **Signature:** _____

Address: _____

Tel: _____ **Mobile:** _____ **Fax:** _____

E-mail: _____

Please mail cheque with this completed form to IMI, Integrated Medicine Institute (HK) Ltd., 17/FI., Kailey Tower, 16 Stanley Street, Central, HK.

Or please fax completed form with credit card info to (852) 2537-1833.

Or email scanned copy to: health@imi.com.hk (Subject heading: "Weight Loss 2.0 Registration")

We will confirm your registration with telephone call and/or email. If you do not hear from us within 2 working days, please call us at (852) 2523-7121 to ensure we have received your registration.

Please come to the orientation night to receive your products and instructions for the programme. See website for details. Thank you for your registration!

How did you find out about this program?
