

Medifast Marketing Design Request Form

Please fill out this request form as completely and accurately as possible. Once submitted, a member of the Medifast Team may contact you for more information.

CONTACT INFORMATION

Please make sure the information you provide is current and accurate.

Today's Date: ___/___/_____

Your Name: _____ (first and last)

Practice/Company Name: _____

Type of Medifast partnership (circle or check one)

Medifast Wholesale

Medifast Affiliate

Corporate Health Partner

TSFL Professional Services

Medifast Weight Control Centers

Phone: _____

Email: _____

Address: _____

PROJECT INFORMATION

Please make sure the information you provide is detailed and specific

Due date for project: ___/___/_____

Type of project (circle or check one)

Advertisement

Banner

Poster

Direct Mail

Email

Postcard/Office handout

Other: (Please specify) _____

Project Description:

Project Size/Dimensions: _____

Black/White or Color (circle or check one) Black/White Color

Any logos to be used? (circle or check one) Yes or No (If yes, please provide logo via email)

*Will Medifast be printing this item? (circle or check one) Yes or No

*Cost to print associated with this request. Medifast will provide a cost to print estimate to you for approval before printing.