

Broward County School Board

BENEFITS DEPARTMENT WEB SITE DISCOUNT APPLICATION FORM

Business/Organization Name: _____

Contact Name: _____

Address: _____

Telephone: _____ **Fax:** _____

E-Mail: _____

Please describe your discount or offer: _____

- I have enclosed a flyer.
- I do not have a flyer. Please utilize the information provided above.
- I have enclosed a disk with a copy of the flyer in WORD 6.0 or higher (preferably PDF format).
- I would like to provide a link directly to information about my offer for your employees. The URL information is enclosed.

The undersigned has the authority to offer this discount on behalf of:

Company Name

Name

Signature

Date

Title/Position

Please submit this form/materials to:

Tina Severance-Fonte, Wellness Coordinator
School Board of Broward County, Florida
c/o Benefits Department
7770 W. Oakland Park Boulevard
Sunrise, Florida 33351
Tel: 754-321-3100 Fax: 754-321-3280

(www.browardschools.com/benefits)