Broward County School Board

BENEFITS DEPARTMENT WEB SITE DISCOUNT APPLICATION FORM

Business/Organization Name	:	
Address:		
Telephone:	Fax:	
Please describe your discount	or offer:	
	Please utilize the information provide	ded above. 5.0 or higher (preferably PDF format).
	le a link directly to information abou	· ·
The undersigned has the au	thority to offer this discount on beh	alf 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)

The School Board of Broward County, Florida, prohibits any policy or procedure which results in discrimination on the basis of age, color, disability, gender identity, gender expression, national origin, marital status, race, religion, sex or sexual orientation. Individuals who wish to file a discrimination and/or harassment complaint may call the Executive Director, Benefits & EEO Compliance at 754-321-2150 or Teletype Machine (TTY) 754-321-2158.