

OPTIFAST® WEIGHT LOSS CONTEST OFFICIAL ENTRY FORM

Submit completed entry forms along with your before and after photos to:
OPTIFASTmarketing@us.nestle.com or OPTIFAST Contest, PO Box 370, Minneapolis, MN 55440

PARTICIPANT INFORMATION

OPTIFAST Participant Name:

Current address:

City:

State:

ZIP Code:

E-mail:

Daytime Phone:

OPTIFAST CLINIC INFORMATION

Name of Clinic:

Enrollment Date:

Clinic Phone Number:

Completion Date:

Did you complete the 12 week full meal replacement program and adhere to the OPTIFAST program guidelines?

YES NO

WEIGHT LOSS INFORMATION

Starting Weight Prior to the program:

Ending weight:

% of body weight lost:

ESSAY (500 WORDS OR LESS) – MY WEIGHT LOSS JOURNEY...

Please type your response here and attach additional sheet(s) as necessary.

Entries may be submitted electronically to the OPTIFASTmarketing@us.nestle.com, via facsimile at 952-848-6159 or via U.S. Postal Service to: OPTIFAST Marketing Team, PO Box 370, Minneapolis, Minnesota 55440. Void where prohibited. Official Rules can be accessed at www.OPTIFAST.com under the clinic sign in section. Questions regarding this contest, please call 1-800-662-2540. Following conclusion of the contest, the name of the winning Participant will be posted on www.OPTIFAST.com. Entries must be postmarked or time-stamped electronically no later than 11:59 p.m. CST on February 1, 2010. Sponsor's computer is the official time-keeping device for all entries received.

SIGNATURES

By signing below, I agree to abide by the Official Contest Rules and understand that I may be disqualified from the Contest in the event that my Entry is determined to be incomplete, inaccurate or deficient in some manner, as determined by the Sponsor.

Signature of Participant: _____ Date: _____