THE ALASKA CLUB

Corporate Wellness Partnership

Alaska Vein Care

Start Date: 09/09/2014 Renewal Date: 09/08/2015

The Alaska Club agrees to assist Alaska Vein Care (Company Name) by providing the following wellness package to their employees:

Wellness Calendar

❑ Onsite

_____ 1st Qtr
_____ 2nd Qtr
_____ 3rd Qtr
_____ 4th Qtr

❑ Open House

_____ 1st Qtr
_____ 2nd Qtr
_____ 3rd Qtr
_____ 4th Qtr

❑ Fitness Party

_____ 1st Qtr
_____ 2nd Qtr
_____ 3rd Qtr
_____ 4th Qtr

❑ Fitness Challenge

_____ 1st Qtr
_____ 2nd Qtr
_____ 3rd Qtr
_____ 4th Qtr

❑ Fitness Seminar

_____ 1st Qtr
_____ 2nd Qtr
_____ 3rd Qtr
_____ 4th Qtr

❑ Wellness Fair

Date_____
Date_____
Date_____
Date_____

The Alaska Club agrees to offer the following membership benefits to each employee of Alaska Vein Care (Company Name) available during each wellness activity.

Benefits to Employees:

First month free
$0 Enrollment
2 months of Complimentary Membership plus
FC required.

Available during events, onsites or open house periods only.
1 year agreement / fee for early cancellation required.

Alaska Vein Care (Company Name)

agrees to promote events in the following manner:

☐ Promote via company website, intranet or newsletter

☐ Posters to announce onsite date(s)

All promotional materials to be approved and provided by The Alaska Club.

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Subsidizing Corporate Membership

Companies that subsidize their employee memberships agree to give The Alaska Club Member Accounting (337-9550 ext. 1142) 60 day prior notice to discontinuing the subsidy of membership dues for its employees in general. Alaska Vein Care will notify The Alaska Club if anyone for whom it pays a subsidy is no longer employed there and shall be responsible for the dues subsidy of terminated employees prior to this notification. All employees are individually responsible for cancelling their membership commitment.

Alaska Vein Care subsidizes/reimburses their employee's memberships at the amount of $0 per individual membership.

Business Name: Alaska Vein Care

Address: 8390 Airport Blvd

Contact Name: Corey Johnson

Phone Number: 435-760-1380 **Fax Number:** _____ **Email:** coreyjohnsonmd@gmail.com

Billing Contact (if applicable): N/A

Phone Number: _____ **Fax Number:** _____ **Email:** _____

The Alaska Club contact information: Membership

Corporate Wellness Representative Name: Jonathan Cabrera

Phone Number: 907-364-4316 **Fax Number:** 907-586-9695 **Email:** jcabrera@thealaskaclub.com

Company Signature: _____ **Date:** 09/09/14

The Alaska Club Signature: _____ 09/09/14