

## Corporate Wellness Partnership

				Smak Mobi
•			Start Date: 04/03/2013	Renewal Date: 04/03/2014
The Alaska Club agrees to assist		S	mak Mobi	by providing the
ollowing wellness package to their emp		loyees:	(Company Name)	
	We	ellness	Calendar	
■ Onsite		■ Open l	House	☐ Fitness Party
4/3/13	_ 1st Qtr	4/3/13-4/	10/13 1st Qtr	1st Qtr
	_ 2nd Qtr	6/10/13-6	<del></del>	2nd Qt
	_ •	8/10/13-8		3rd Qt
	_ 4th Qtr	10/10/13-	10/17/13 4th Qtr	4th Qt
	_ 1st Qtr _ 2nd Qtr		1st Qtr 2nd Qtr	Date Date
	_ 3rd Qtr		3rd Qtr	Date
	_ 4th Qtr		4th Qtr	Date
The Alasi	<del>-</del>	( Mobi	g membership benefits to available during each	
Benefits to Employe	es:			Smak Mobi
\$0 enrollment		ommittment)	(Ca	Smak Mobi mpany Name)
	bership dues (w/ 1 yr co	ommittment)		
\$0 enrollment  First month free of mem	bership dues (w/ 1 yr co p Plus free	ommittment)	agrees to promote ev	mpany Name)
\$0 enrollment First month free of mem 2 Months of Membershi	bership dues (w/ 1 yr co p Plus free	ommittment)	agrees to promote ev ■ Promote via company v □ Posters to announce or	mpany Name) ents in the following manner: vebsite, intranet or newsletter



## Corporate Wellness Partnership

Companies that subsidize their employee memberships agree to give The Alaska Club Member Accounting (337-9550

ext. 1142) 60 day prior agrice to discontinuing the subsidy of membership dues for its employees in general.

**Subsidizing Corporate Membership** 

Smalk Mobi

there and shall be responsible for the du individually responsible for cancelling the	es subsidy of terminated employees pr	it pays a subsidy is no longer employed ior to this notification. All employees are
Smark Mobi Subsidiz subsidiz per individual membership.	·	erships at the amount of $\frac{430}{}$
per maividual membership.		
Business Name: Smalk Mobi		
	4004	
Address: 203 W 15th Ave. Ste.		
Contact Name: Topher Maguire		The state of the s
Phone Number: 907-331-8262	Fax Number:	Email: info@smarkmobi.com
Billing Contact (if applicable):		
Phone Number:	Fax Number:	Email:
The Alaska Club contact information:		·
Corporate Wellness Representative Na	nme:	
Phone Number:	Fax Number:	Email:
Company Signature:	In Alltimo	Date: 4/3/13