

<b>HealthCare Professional Registration</b>				Date:
Last Name:		First Name:		
Facility/Organization:			Title:	
Mailing Address:				
City:		State:	Zip:	Unit/Floor:
Phone:	Fax:		Email:	
<b>Please complete entire form. (Check all that apply)</b>				

**Where did you first learn about Vitalicious products?**

- Magazine/Newspaper Ad
- Patient
- ADA Show/Convention/Local Show
- Colleague
- Search Engine
- Other \_\_\_\_\_

**What kind of facility are you based out of?**

- Hospital
- Small Clinic
- Medical Center
- Independent Private Practice
- School
- Other - \_\_\_\_\_

**What are the primary conditions of the patients you consult?**

- Pregnancy
- Diabetes
- Weight Control/Loss & Obesity
- Irritable Bowel Syndrome
- Hypertension
- Cardiovascular Disease
- High Cholesterol
- High Blood Pressure
- Renal Disease
- Cancer type \_\_\_\_\_

**Would you recommend our product as ‘best for \_\_\_\_\_’**

- Breakfast Alternative
- Midday snack
- Dessert

**Which ingredients motivate you to recommend a particular product?**

- Omega-3
- Plant Sterols
- Soy
- Whole Grains
- Resveratrol
- DHA
- Whey
- Hoodia
- Lycopene
- Green tea extract
- Sulphoraphane (broccoli)
- Quercetin
- Pomegranate/ Pomegranate Seeds
- Acai Fruit
- Other \_\_\_\_\_

**What nutritional factors interest you most?**

- All Natural
- No Preservatives
- Low Fat
- No Trans-fat
- No Hydrogenated Oils
- Nutraceuticals
- Low glycemic index
- Low glycemic load
- Pre/pro-biotics
- High Fiber
- High Protein
- Organic
- Antioxidants
- Gluten Free

**How many clients do you typically meet with weekly?**

\_\_\_\_\_

Please email completed form to [Brent@vitalicious.com](mailto:Brent@vitalicious.com)  
(Forms must be submitted a minimum of 4 weeks prior to event)

**Sample Request**

Date of Event (if applicable) \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_

Name/Type of Event\_\_\_\_\_

Number of Guest Invited/Expected to Attend? \_\_\_\_\_

How do you intend to distribute the samples? \_\_\_\_\_

Do you have access to a large freezer to maintain freshness?\_\_\_\_\_

What other products will you/do you offer as samples?\_\_\_\_\_

Do you work with Food Service Distributor Programs (i.e. Sysco)? (yes) (no)

Can you order direct/wholesale for your organization? (yes) (no)

Products Requested - Enter quantity next to select product \_\_\_\_\_dozen Vitalicious VitaTops ( 2oz)

Same As Previous Page  Shipping Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_Unit/Floor\_\_\_\_\_

**Additional Information**

We would like to learn more about your daily responsibilities. Please write a brief summary of your professional experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Was there/will there be any mention of Vitalicious products in your program/signage/advertising?(specify)

\_\_\_\_\_

2. What form of recognition will Vitalicious receive from this donation?\_\_\_\_\_

3. List any other major business donors to your program?\_\_\_\_\_

\_\_\_\_\_

4. Please provide us with the names and phone numbers of at least 3 local health food stores in your area.

1. \_\_\_\_\_ Phone 1( )\_\_\_\_\_

2. \_\_\_\_\_ Phone 1( )\_\_\_\_\_

3. \_\_\_\_\_ Phone 1( )\_\_\_\_\_

# VITALICIOUS™

*Vitamin-fortified, delicious, better-for-you baked goods*

**After you have completed the sampling of our products please complete the feedback questionnaire below. Your responses will help us greatly in improving our efforts.**

**Name of Organization:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Event/Sampling:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

1. Did you receive your requested samples in satisfactory condition? Please describe your overall experience with our sample request process.

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2. How many people attended your event? \_\_\_\_\_ Sampled Vitalicious products? \_\_\_\_\_

3. Briefly describe how the Vitalicious samples were distributed? \_\_\_\_\_

4. Which flavors of Vitalicious products were received best by your audience? \_\_\_\_\_

5. Did you have any samples remaining after the close of your event?  Yes  No

6. Overall did your attendees appear to be enthusiastic about Vitalicious Products?  Yes  No

7. Would you or your clients like to receive web discounts, product update information, recipe ideas or our newsletter? If so please provide email address of interested parties.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

8. Has your organization received previous support from Vitalicious?  Yes  No

9. Would you consider using Vitalicious products at future events?  Yes  No

