



HR Director to fill out:

- YES! Please enroll our company, its employees and their immediate family members into the Gulfcoast Eye Care Corporate Benefit Plan at no cost to our company.

Company: _____ **Contact:** _____

Address: _____

Website: _____ **Industry:** _____ **# of Employees:** _____

Fax: _____ **Date:** _____

Gulfcoast Eye Care Corporate Benefit Plan Order Form:

These items can be used to inform your employees about these exciting new benefits and are at no cost to your

- Check Stuffers Quantity _____
(in hundreds please)
- Employee Benefit Cards Quantity _____
(in hundreds please)
- LASIK Brochures Quantity _____
(in hundreds please)
- Flyers Quantity _____
(any amount)
- Additional Posters Quantity _____
(any amount)
- Email

Please fax this form to 727-789-3351