Corporate Wellness Partnership

Medical Park Family Care

Start Date: 01/22/10 Renewal Date: 01/22/11

The Alaska Club agrees to assist Medical Park Family Care by providing the following wellness package to their employees:
COMPANY NAME

WELLNESS CALENDAR

☐ Wellness Fair		1st Qtr	☐ Fitness Party		1st Qtr
		2nd Qtr			2nd Qtr
		3rd Qtr			3rd Qtr
		4th Qtr			4th Qtr
☐ Fitness Challenge		1st Qtr	☐ Fitness Seminar		1st Qtr
		2nd Qtr			2nd Qtr
		3rd Qtr			3rd Qtr
		4th Qtr			4th Qtr
☑ Onsite	02/08,02/15,02/22	1st Qtr	☑ Open House	02/22-02/28	1st Qtr
	05/28/2010	2nd Qtr		05/29-06/06	2nd Qtr
	08/27/2010	3rd Qtr		08/28-09/05	3rd Qtr
	11/26/2010	4th Qtr		11/27-12/06	4th Qtr

The Alaska Club agrees to offer the following membership benefits to each employee of Medical Park Family Care available during each wellness activity.
COMPANY NAME

Benefits to Employees:

- First 30 days of membership dues FREE
- $0 enrollment fee
- 10 FREE playcenter visits
- 10 FREE tans
- 10 FREE guest passes

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

Medical Park Family Care
COMPANY NAME

agrees to promote events in the following manner:

- ☐ Promote via company website, intranet or newsletter
- ■ Posters to announce On-Site date(s)

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

www.thealaskaclub.com

Subsidizing Corporate Membership

Companies that subsidize their employee memberships agree to give the Alaska Club Member Accounting (337-9550 ext 142) 60 day prior notice to discontinuing the subsidy of membership dues for its employees in general. Medical Park Family 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.

Medical Park Family Care subsidizes/reimburses their employee's memberships at the amount of
COMPANY NAME
$0 per individual membership.

The Alaska Club agrees to provide two weeks of digital signage and a newsletter feature for subsidizing their employee memberships.

Business Name: Medical Park Family Care

Address: 2211 E Northern Lights

Contact Name: Diana Marketing Director

Phone number: ~~279-8486~~ 257-8126 Fax number: 677-5612 Email: dianam@mpfcak.com

Billing Contact (if applicable): _____

Phone number: _____ Fax number: _____ Email: _____

The Alaska Club contact information: _____

Corporate Wellness Representative Name: David Dowd

Phone number: 330-0162 Fax number: 276-8050 Email: ddowd@thealaskaclub.com

Company Signature: Diana Mahuhat Date: 1-25-10

The Alaska Club Signature: _____