

Testimonial by _____ Start Date _____ Weight _____ Size _____
 Address _____ End Date _____ Weight _____ Size _____
 City, State, Zip _____ Weeks _____ Loss _____

Before I began this program, I had tried _____

When I began this program, I felt _____
because _____

I did/did not (*circle one*) tell _____ I was starting this program
because _____

I feel that the cost of this program is reasonable when you consider _____

While I was going through the program, I was surprised that _____

What I liked best about this program was _____

Now that I have reached my goal, I feel _____

Other people now say to me: _____

Now, when I see other overweight people, I want to tell them: _____

The most important thing I want to say is: _____

Tell us about your hobbies and/or profession: _____

How has losing weight affected these aspects of your life? _____

Additional comments: _____

My exact name as I wish it to be used in any advertising media for which **Quick Weight Loss Centers Inc.** determines this testimonial to qualify:

I hereby give permission to **Quick Weight Loss Centers Inc.** to use my photograph and testimonial for advertising purposes. These are to be the sole property of **Quick Weight Loss Centers Inc.**, to be used in any manner or media (including television, radio, newspaper, and promotional advertising) as they deem qualified. In remuneration, I hereby acknowledge receiving the sum of \$1.00.

Signature

Name: _____

Witness

Name: _____
Center: _____
Initials: _____

