



Email Registration Form

Please complete this form if you would like to receive information about support groups, upcoming Methodist Weight Loss Center events, changes and new programs via email. Please complete the form and return it to any Methodist Weight Loss Center staff member. For your privacy, emails are sent in a BCC (blind carbon copy) form, so other patients will not have access to your email address. The Weight Loss Center email list will be built from this form, so please return it as soon as possible. Thank you.

NAME: _____

EMAIL ADDRESS: _____

SIGNATURE: _____

DATE: _____