

# Registration Form



Dear Health Care Professional,

Thank you for your interest in MealEasy Professional. To sign up for MealEasy Professional, please provide us with the following information and send to [info@mealeasy.com](mailto:info@mealeasy.com), or fax to (902)-482-7039. All information is kept strictly confidential.

## Clinic Details

Please provide your clinic's details below.

<b>Clinic Name</b>	
<b>Phone Number</b>	
<b>Clinic Website</b>	
<b>Primary Contact Name</b>	
<b>Primary Contact Email</b>	

## Practitioners

Please provide a list of practitioners at your clinic who may wish to use MealEasy Professional. We will set each of your practitioners up with their own MealEasy Professional account in order to manage their own patients.

<b>First Name</b>	<b>Last Name</b>	<b>Email Address</b>