PRAIRIE MEADOWS

EMPLOYEE DISCOUNT PROGRAM

	e to participate in the ows Employee Discount program.	
Business Name:		
Business Category:		
Address:		
City: S-	tate: Zip Code:	
Phone Number:		
Company Website:		
Contact Person:		
Email Address:		
Owner/Authorized Representative:(Please Print)		
Signature:(Required)	Date:	
Terms and Conditions of Discount Offer:	For example: Is this a limited time offer? Is discount good on all products and services? Is a Prairie Meadows ID required to receive discount? Please specify any exclusions.	

Return form by email or mail to: Star Brown • Star.Brown@prairiemeadows.com 1 Prairie Meadows Dr., Altoona, IA 50009

