WorkLife and Wellness
Affiliate Discount Program Application

If your organization would like to offer a *local* wellness discount to all UC Davis and UC Davis Health System (“University”) employees, faculty, staff, retirees and students please complete this form and submit it via e-mail to:

Marina A. Podoreanu
Email: mpodoreanu@ucdavis.edu
Phone: 916-734-2760
UC Davis Health System – Human Resources

**Information:**
Name of Organization: ____________________________________________________________
Type of Products/Services offered: ___________________________________________________
Contact Person: __________________________________________________________________
Phone: __________________________________________________________________________
Fax: _____________________________________________________________________________
Email: __________________________________________________________________________
Website: _________________________________________________________________________

Location (where the discounts will be offered): __________________________________________

**Type of discount you would like to offer:**
Percentage off—Amount: ☐ 15% ☐ 20% ☐ 25% ☐ Other_____
Dollar amount off—Amount: $________
Buy 1 Get 1 Free
Other—Please explain in detail: ___________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

University Employees/Students/Retirees will be identified by their official identification badge/card. Participation does not constitute an endorsement of your products/services by the University. The University and your organization may terminate employee discount without notification. If this application is approved, your organization will be listed on the UC Davis Health System Human Resources – WorkLife and Wellness webpage. This listing does not authorize you to use any University logo/wordmark. Any proposed use of the Health System’s or University’s name must be approved by the UC Davis Health System Public Affairs and Marketing Department and/or UC Davis Strategic Communications.

Signature: _________________________________________________________________________
Print Name: _______________________________________________________________________
Title: _____________________________________________________________________________
Date: _________________________________

*Offers available from and in Northern California.*