



Enrollment Form

Enroll today in our Icare Reward\$ Incentive Program and earn points for the dollars you spend at IcareLabs. Accumulate points for the prizes you want and bonus points for monthly product promotions!

Account# _____

Contact Name _____

Practice Name _____

Address _____

City _____ State _____ Zip _____

Phone: (____) _____ - _____

Signed _____

By signing the enrollment form I accept responsibility for receiving spiff's and/or gifts at this practice. Points will be issued on the 10th of the month following the close of the previous months statement. Points will only be redeemable to active accounts who are current. Once an account hits an inactive status (6 months of inactivity) Icare Reward\$ points are no longer redeemable.

Please fax completed form to 1.800.683.0374 - ATTN: Bradley