

CORPORATE WELLNESS VISIT REQUEST FORM

If you wish to request NMC for a Wellness Day to be held at your company premises, please complete the form below and mail the form to wellness@methealth.com.na



COMPANY DETAILS FOR WELLNESS DAY REQUESTS :

COMPANY NAME

NO OF EMPLOYEES

CONTACT PERSON AT COMPANY

CONTACT NUMBER / FAX NO

MAIL ADRESS OF CONTACT PERSON

PREFERRED MONTHS AND DATE(S) FOR A WELLNESS DAY

IMPORTANT NOTE : The NMC Wellness assistant will be in contact with you to discuss the details of your request and to confirm a specific date for your company.

