

HLEye Vision Plan Registration Form

Mail, Fax or Email Form to:

Hopewell Eye Associates
Attn: Kenneth Daniels, OD, FAAO
84 East Broad Street
Hopewell, NJ 08525

Phone: 609-466-0055

Fax: 609-466-3329

Email: ken.daniels2@verizon.net

Date:	
Name of Company:	
Address 1:	
Address 2:	
City:	
State:	NJ PA
Phone:	
Fax:	
Email:	
Website URL:	
Company Services Offered: Please list:	
Owner or Head of HR	
Number of Employees	

I, _____ // _____
(print name) (signature)

As the representative for the employees and staff of (the above listed company), I would like to register our firm with the HLEyeVisionPlan.

I realize that there are no financial commitments associated with this agreement but will announce and encourage our staff, employees and their family to seek eye health care as part of the overall health and wellness the doctors of the HLEyeVisionPlan associated to Hopewell Lambertville Eye Associates.

As a value added benefit to your company and in cooperation between HLEyeVisionPlan, our company authorizes HLEyeVisionPlan to list our company website and services on HLEyeVisionPlan "Members / Partners" page of the HLEye VisionPlan website and create a link to our company at no charge. X _____ (initial)
<http://hopewellvisionplan.eyecarepro.net/our-customers>

After registration is reviewed, a representative from HLEyeVisionPlan will communicate with you and set up a meeting to review the program and supply employee materials. These materials will also be available on the Website at <http://hopewellvisionplan.eyecarepro.net/how-it-works>