

**LIVE HEALTHY NEBRASKA STEP 2 IT ADMINISTRATOR FORM**

Thank you for your request to make the Step 2 It 50-Day Challenge part of your company’s wellness efforts! In order for Live Healthy to complete the programming of your Web site and send you your Group ID there are a few items we need. Please complete the following form and return to [hagedorn@nebraskasportsCouncil.com](mailto:hagedorn@nebraskasportsCouncil.com) or call 402-471-2544.

Thank you and we look forward to working with you!

**Administrator Contact Information:**

- Company:
- Title:
- Name:
- E-mail:
- Phone:
- Fax:
- Address:

**Preferred Method of Contact:** \_\_\_Phone \_\_\_Email

**Payment Method:** \$12 per participant

- \_\_\_ Company pays entire fee
- \_\_\_ Company pays \$\_\_\_ of fee and participants pay the rest
- \_\_\_ Participants pay entire fee

**Department/Location List:** (Optional) Would you like to break down your program by departments/locations for each team? As an administrator you will have the ability to see which teams are participating from certain departments or locations if you decide to include this feature. If so, please send a list and Live Healthy will program it into your site.

- \_\_\_ Yes (please attach list)
- \_\_\_ No

**Employee ID:** (Optional) Do you need to collect Employee ID # to know if a participant is an employee of your company? (EX: some companies reimburse their participants for completion of the program and need their employee ID number for this purpose.)

- \_\_\_ Yes
- \_\_\_ No

**Logo:** Please attach a JPEG file and/or EPS file (high resolution) of your company’s logo to upload to the Web site

- \_\_\_ JPEG attached
- \_\_\_ EPS attached
- \_\_\_ No logo

**Marketing Materials:** Live Healthy will send you marketing materials to help promote the program! Please mark the materials you would like to receive.

**Brochure**

- \_\_\_ PDF
- \_\_\_ Hard Copy
- \_\_\_ Quantity

**Flyer**

- \_\_\_ PDF only