

**Thick & Easy® Clear Food and Beverage Thickener SAMPLE KIT**  
**Program Registration / Site Information (MUST BE COMPLETED)**

**Location Name:**

**Location Contact person (name):**

**Contact person email:**

**Contact person phone number:**

**Delivery address & details**

Address

Postal Code

Attention:

***Must be completed***

Avg. number of patients **discharged MONTHLY** requiring Thick & Easy® CLEAR thickener samples: \_\_\_\_\_

**Out of 100%, what % is needed**

(Example: 80% samples Nectar / 20% Honey)

Nectar % \_\_\_\_\_

Honey % \_\_\_\_\_

**Outpatient services (samples) monthly:**

Nectar % \_\_\_\_\_

Honey % \_\_\_\_\_

**Name of Contract Organization affiliated with:**

**Location contact *Signature* here please:** \_\_\_\_\_

**Need more information/questions/samples contact: [support@intogreat.ca](mailto:support@intogreat.ca)**

**Upon completion of this form, your site will be approved to receive IGH Sample kits.**

**[www.Intogreat.ca/shop](http://www.Intogreat.ca/shop)**

*Thank you!*