



Wellness on Wheels Mobile Chair Massage
Request a Quote

COMPANY: _____

CONTACT NAME: _____

PHONE: _____

EMAIL: _____

EVENT LOCATION: _____

What best describes the type of event you're interested in?

- Corporate Massage Program
- Marketing Event
- Employee Appreciation
- Health Fair
- Office Party
- Other

Event Date: _____

Number of Practitioners Required: _____

Event Start/End Time: _____

Frequency:

- One Time Event
- Weekly
- Every Other Week
- Monthly
- Quarterly
- Not Sure

If recurring, what day of the week is ideal?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

Expected # of Participants: _____

How long should each session be?

- (5)Ten Minute massages in one hour
- (4)Fifteen Minute massages in one hour
- (3)Twenty Minute massages in one hour
- (2)Thirty Minute massages in one hour
- Other/Undecided

Scheduling:

- Participants are treated on a first come, first serve basis.
- We'll use a paper sign up sheet.

Payment Options:

- Company Pays 100%
- Employee Sponsored (Employee Pays 100%)

Additional Comments:
