



3855 Penn Avenue | Sinking Spring PA, 19608  
**phone** 484.638.6607 / **fax** 610.678.7007  
**www.cameyecare.com**

**HR Director to fill out:**

- YES! Please enroll our company, its employees and their immediate family members into the Campanella & Pearah Eye Care Associates' Corporate Benefit Plan at no cost to our company.

**Company:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Website:** \_\_\_\_\_ **Industry:** \_\_\_\_\_ **# of Employees:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Campanella & Pearah Eye Care Associates' Corporate Benefit Plan Order Form:**

*These items can be used to inform your employees about these exciting new benefits and are at no cost to your company.*

- Check Stuffers    Quantity \_\_\_\_\_  
*(in hundreds please)*
- Employee Benefit Cards    Quantity \_\_\_\_\_  
*(in hundreds please)*
- LASIK Brochures    Quantity \_\_\_\_\_  
*(in hundreds please)*
- Flyers    Quantity \_\_\_\_\_  
*(any amount)*
- Additional Posters    Quantity \_\_\_\_\_  
*(any amount)*
- Email

Would you like to schedule an on-site LASIK Seminar for your employees?

- Yes, please contact me to schedule

***Please fax this form to 303-221-5012***