



Group Weight Management @ Bar Method

Are you ready to stop dieting and lose weight by changing your lifestyle and developing a healthy relationship with food? If so, then this is just the program for you! Janice H. Dada, a registered dietitian with a master's degree in public health who has worked extensively in the weight management field, will lead the program. She has helped a countless number of people tackle their weight issues, and would love to help you too.

Basics of Weight Loss: Thursday, May 20th from 10:00 to 11:15am

- Jump start your metabolism
- Carbs, Protein, Fat, Alcohol—how much?
- How much do you move?

Become an Intuitive Eater: Thursday, May 27th from 10:00 to 11:15am

- Learn to ignore the diet police
- Eliminate food “rules”
- Hunger/Fullness Scale

Everyday Meal Planning: Thursday, June 3rd from 10:00 to 11:15am

- Modification and moderation, not deprivation
- The role of fluid, fiber, and protein in weight management
- Planning healthy meals and snacks
- Handle social functions and holidays like a pro

Price: \$175 per person (includes 3 group classes, pedometer, a folder of materials, and light refreshments)

Location:

Bar Method Newport Beach
7772 E. Coast Highway
Newport Coast, CA 92657

Registration Form

Please **e-mail** (send to: Janice@socalnw.com), **fax** (949.497.3862), or **mail** your registration (mail to: SoCal Nutrition & Wellness, 180 Newport Center Dr. Suite 162, Newport Beach, CA 92660) by May 17th. You will receive an e-mail confirmation and receipt after your registration has been processed. For questions, please contact Janice at 310.270.8985.

Name: _____

Address: _____

Telephone: _____ E-mail: _____

How did you hear about this program? _____

What is your weight and height? _____

What is your weight loss goal? _____

Payment method (circle one): Check PayPal Credit Card

- *If you are paying by check, please mail your check to: SoCal Nutrition & Wellness, 180 Newport Center Dr. Suite 162, Newport Beach, CA 92660*
- *If you are paying by PayPal, I will send you an invoice requesting payment*
- *If you are paying by credit card, please include your information below:*

Name on card: _____

Credit Card Type (Circle one): Visa Mastercard Discover American Express

Card Number: _____ Expiration Date: ____/____

Last 3 or 4 numbers from front/back of card (CVV2 code) _____

Billing Address & Zip Code _____

Your signature below grants SoCal Nutrition & Wellness permission to charge your credit card in the amount of \$_____.

Signature: _____

Date: ____/____/____