



# Weight Management Workshop

Are you ready to stop dieting and lose weight by changing your lifestyle? If so, then this is just the workshop 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. Janice will help you set realistic goals and change your thinking about food and the entire weight loss process. Space is limited...reserve your spot today!

**When?** Tuesday, August 24<sup>th</sup> from 5:30pm to 7pm

**Topics to Include:**

- How to jump start your metabolism
- Carbs, protein, fat, and alcohol—how much?
- The role of fluid, fiber, and protein in weight management
- Intuitive/mindful eating
- Planning healthy meals and snacks
- Handle restaurants, social functions, and holidays like a pro
- Exercise—how much?

**Price:** \$45 per person

*\*Light refreshments will be provided*

**Location:**

180 Newport Center Drive  
Suite 187 (Conference Room)  
Newport Beach, CA 92660

For questions about this workshop, please contact Janice at 949.478.2288.  
To learn more about SoCal Nutrition & Wellness, please visit: [www.socalnw.com](http://www.socalnw.com).

## 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) no later than **August 20<sup>th</sup>**. You will receive an e-mail confirmation and receipt after your registration has been processed.

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

What is your weight and height? \_\_\_\_\_

What is your weight loss goal? \_\_\_\_\_

Are you an "emotional eater?" yes/no (circle one)

Is there anything else you would like us to know? \_\_\_\_\_

**Payment method (circle one):**            Check            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 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: \_\_\_\_/\_\_\_\_/\_\_\_\_