

COMPLIANCE FORM FOR GIVING AN ISAGENIX TESTIMONIAL AT ASSOCIATE RUN EVENTS

ISAGENIX POLICY

1. As an Isagenix Associate I agree and understand that while giving my testimonial I cannot make any claims that Isagenix products treat or cure any specific disease.
2. I understand that during my testimonial I cannot mention any disease name or prescription drug name.
3. I have given my testimonial to the host for approval prior to the event and have reviewed with the host the Isagenix acceptable compliant format for giving a testimonial.
4. By signing this document, I understand that Isagenix makes no claims to treat, prevent or cure any disease.
5. I agree that I will not make income or earnings claims:
Examples of an income or earnings claim are:
 - i. I am making \$15,000 a month.
 - ii. I am cycling 100 times a week.
 - iii. I bought a sports car with my new income.

INSTRUCTIONS

1. Please email this document with all required fields completed to the following email address:
ComplianceANZ@IsagenixCorp.com
If you wish to send your request by mail, please send this completed form and any supporting documentation to:
Isagenix ANZ
Attn: Compliance Department
Level 2, 85 Waterloo Road
Macquarie Park NSW 2113
2. Upon receipt of this request the Isagenix Compliance Department will confirm this request either by return email or phone.
3. The Associate may not make any testimonial until they have received written approval from the Isagenix Compliance Department.

ASSOCIATE REQUESTING THE EVALUATION

Name: _____ Associate ID Number: _____

Phone: _____ Email: _____

Event Location and Details: _____

Signature: _____ Date: _____

Office Use only

Approved Denied

Date: _____ Processed By: _____

