



# Dallas Independent School District

## DISD EMPLOYEE DISCOUNT PROGRAM

### REGISTRATION FORM

DATE \_\_\_\_\_

MY COMPANY WILL PARTICIPATE BY PROVIDING DISD EMPLOYEES WITH A \_\_\_\_\_  
\_\_\_\_\_ % DISCOUNT ON SERVICES OR MERCHANDISE

MY COMPANY WILL PARTICIPATE BY PROVIDING DISD EMPLOYEES WITH \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CONTACT TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

By signing below, the company and its officers, affiliates, owners, employers and authorized representatives agree to hold harmless and indemnify the Dallas Independent School District ("DISD"), its board of trustees, its employees and representatives against any claims by anyone who is utilizing the discount provided under the DISD Employee Discount Program.

AUTHORIZING SIGNATURE: \_\_\_\_\_

PRINTED AUTHORIZING NAME: \_\_\_\_\_

WEB ADDRESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PLEASE RESPOND BY FAX TO (972) 925-4052 OR MAIL TO 3700 ROSS AVENUE, BOX 52, DALLAS, TEXAS 75204. ATTENTION: VERNITA ROSS, DISD RETIREMENT & BENEFITS DEPARTMENT. ATTACH A PROGRAM BROCHURE WITH THIS REGISTRATION FORM. CONTACT: (972) 925-4048.

**Thank You**  
**For Your Support and Participation**

FOR DISD INTERNAL USE ONLY	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DECLINED REASON: _____
SIGNATURE: _____	DATE: _____