

“Dateline Diet Challenge”

If you agree to our basic conditions and would like to participate, please fill out the following form and mail it Susan Adams, Dateline NBC, 30 Rockefeller Plaza, Room 483E, New York, NY 10112 or e-mail me at Susan.Adams@nbc.com **no later than February 13** and we will contact you.

Your name

Your gender

Your race

Your birthday

Marital status

Your height

Your weight

Your weight in high school

What is your weight loss goal?

Your occupation & where you work

Your weekday and weekend schedule (roughly)

Are you part of a research or clinical trial?

Are you on any medication? If so, which ones?

Have you ever had a serious disease or serious health issue?

Are you willing to participate with Dateline through November 2004?

Would your family or spouse object to appearing on camera?
(We assume you eat together, maybe exercise together, etc.)

Do you have video of yourself over the years?

Do you have photographs of yourself over the years?

What is your address?

What is your phone number?

What is your e-mail address?

Best time to reach you?

Tell us something about your dieting history?

*Are you willing to do any of our diets?

*Which diet/weight loss plan would you prefer to do with Dateline?

*Which diet/weight loss plan would you prefer not to do?

Did you have any notoriety in high school?