



KOMITOR HEALING METHOD, INC. • HEALING TOUCH FOR ANIMALS®
Marketing Material Order Form

HTA Practitioner Information: (please type or print clearly)

Name: _____

Company: _____

Mailing Address (No PO Boxes): _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

Email Address: _____

Website: _____

I have completed HTA Level 1 Level 2 Level 3 Level 4 Certification Cert. Date: _____

The last HTA Workshop I attended was located in (City/State/Country): _____

Payment Information: Payment in full must be received by the HTA Office before your order will be processed.

Cash / Money Order (Do not send cash)

Check (Please make checks payable to: Healing Touch for Animals)

Credit Card – Type (Visa / MasterCard): _____

Name as it appears on the card (please print): _____

Credit Card #: _____ Exp. Date: _____

Card Holder's Signature: _____

Personalized Text: (please type or print clearly)

Check if information is same as above

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

Email Address: _____

Website: _____

Other Information / Description: _____

Mail Order Forms and Payments to: Healing Touch for Animals® PO Box 262171, Highlands Ranch, CO 80163-2171

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