POLARITY HEALTHCARE

www.polarityhealthcare.com

Seminar: **Date:**

Location: **Cost:**

Name Email

Home Phone Work Mobile

Address

City State Zip

I can bring a massage table to the workshop if needed: Yes _____ No _____

Payment (circle one) Cash check/MO credit card (Visa – MC - Disc)

Amount Paid

Discount / Adjustment

Balance Due

Credit card information

Type of card Amount Date

Number Exp. Date

Name on Card Signature

Billing address of cardholder

City State Zip

Phone: Three digit security code on back of card:

Mail application form to:

Polarity Healthcare / 2567 Abington Road / Fairlawn, Ohio 44333

Make checks payable to Randall Gibson