



P.O. Box 16189, Golden, Colorado 80402 • (303) 989-0581 • Fax (303) 985-9702 • www.HealingTouchProgram.com

## Technique Review Card Order Form

Order Date: \_\_\_\_\_

Bill to:

Ship to: If different from Billing

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Item	Price	Quantity	Total
Technique Review Cards – Level 1	<b>\$20.00</b>		
Technique Review Cards – Level 2	<b>\$20.00</b>		

*(Please contact HTP for Foreign shipping costs.)*

(United States Only) USPS Shipping      \$2.50

Handling \$1.00 Per Order      \$1.00

Total      \_\_\_\_\_

Payment information: I have enclosed a check for \$ \_\_\_\_\_

OR Please charge by order to my credit Card      Type of Card: VISA      M/C      (Please circle one)

Card Number \_\_\_\_\_      Expiration Date: \_\_\_\_\_      Three digit safety code \_\_\_\_\_

Your Signature \_\_\_\_\_      Email \_\_\_\_\_

Office Use Only: Authorization Number: \_\_\_\_\_      Authorization Date \_\_\_\_\_

**Print and fill out this form.  
Mail to: P.O. Box 16189, Golden, CO 80402 OR Fax to (303) 985-9702**