Remote Healing & Vibrational Therapy

Mr. Mrs. Ms. Miss	Dr.	Please Print Clearly or Type
Name	Date Apt	
Address		
City	State/Province	Zip/Postal Code
Telephone		Best Time to Call You
Facsimile (optional)		
		Your Date of Birth
	30 minute Healing Session - U 50 minute Healing Session - U	
	iling & Vibrational Therapy Se	that you are experiencing, for which you ssion by Manuela.
I herewith state that I am	18 years of age, or older.	Signature
I am enclosing my payme	ent in the amount of: US \$12	5.00 (for 30 minutes) as a: Certified Chec

Send to: Manuela Werthwein Laurier West PO 174 Bank Street, P.O. Box 71061 Ottawa. ON K2P2L9 Upon receipt, Manuela will contact you to schedule your Telephone Reading.

Money Order

US \$175.00 (for 60 minutes)