

Sign Up To Have A Free Stress Relieving Massage

Name: _____ Date: _____

Email Address: _____

Phone # _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

Please check the items you are interested in and we'll send you additional information:

- | | |
|---|--|
| <input type="checkbox"/> How Can I Finally Lose Weight | <input type="checkbox"/> What is the Proper Exercise |
| <input type="checkbox"/> How Do I Get More Energy | <input type="checkbox"/> Are There Answers for Low Back Pain |
| <input type="checkbox"/> Is There a Way to Reduce Cellulite | <input type="checkbox"/> Are There Answers for Neck Pain |
| <input type="checkbox"/> How Can I Stop My Cravings | <input type="checkbox"/> Other: _____ |

During the massage, you'll listen to a short message from Dr. Singleton. If you don't want to listen to this short message, simply read the message before the massage. You also agree to hold those performing the message harmless in the case of any accident.

Signature: _____

Office Use Only: FOP _____ DOS _____

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During the massage, you'll listen to a short message from Dr. SINGLETON. If you don't want to listen to this short message, simply read the message before the massage. You also agree to hold those performing the message harmless in the case of any accident.

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