



# 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:

- How Can I Finally Lose Weight
- How Do I Get More Energy
- Is There a Way to Reduce Cellulite
- How Can I Stop My Cravings

- What is the Proper Exercise
- Are There Answers for Low Back Pain
- Are There Answers for Neck Pain
- 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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