

Facilitator's Details

(to accompany recipient's testimonial)

If your recipient fills in the accompanying testimonial page, please attach to that testimonial the current page with your details on it. If appropriate, we may supply your contact information along with their testimonial, as a means of promoting your work with Raindrop Technique.

Please keep a copy of both forms for your records, and send the originals to:

The Health Garden
PO Box 555
Maryborough VIC 3465
Ph: 1800 01 33 22

NAME AS YOU'D LIKE IT TO APPEAR ON OUR ADVERTISING: _____
FULL NAME (if different to above): _____
POSTAL ADDRESS: _____
PHONE: _____ (HM) _____ (WK) _____ (MOB)
EMAIL: _____
YOUR BACKGROUND AND OTHER SKILLS, AS YOU'D LIKE IT TO APPEAR IN OUR ADVERTISING: _____ _____ _____ _____ _____ _____ _____
I hereby grant permission for my details supplied above to be used in full or part in any/all advertising undertaken by The Raindrop Association of Australia Inc., The Health Garden, and Living Dynamics, including printed and electronic media:
Signed: _____