

## Healing Touch Program Transfer Packet Order Form

Student: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

I have completed the following Healing Touch classes:

- Level 1 with  HTI,  HTP,  Transfer
- Level 2 with  HTI,  HTP,  Transfer
- Level 3 with  HTI,  HTP,  Transfer

- Level 4 with  HTI,  HTP,  Transfer
- Level 5 with  HTI

### Transfer Student Class History

Level 1	Level 2	Level 3	Level 4	Level 5
Prerequisite: Taken a Level 1 class from HTI	Prerequisite: Must have completed HTP Level 1 or completed a Level 1 Transfer	Prerequisite: Must have completed HTP Levels 1 and 2 or completed a Transfer for each level	Prerequisite: Must have completed HTP Levels 1,2 and 3 or completed a Transfer for each level	Prerequisite: Must have completed HTP Levels 1, 2, 3 and Level 4 or completed a Transfer for each level
Class Date:	Class/Transfer Date:	Class/Transfer Date:	Class/Transfer Date:	Class Date:
City:	City:	City:	City:	City:
Instructor:	Instructor:	Instructor:	Instructor:	Instructor:
<input type="checkbox"/> Ordering Level 1 Transfer Packet \$115	<input type="checkbox"/> Ordering Level 2 Transfer Packet \$115 with CD Set <input type="checkbox"/> Ordering Level 2 Transfer Packet \$100 without CD Set	<input type="checkbox"/> Ordering Level 3 Transfer Packet \$115 with CD Set <input type="checkbox"/> Ordering Level 3 Transfer Packet \$100 without CD Set	<input type="checkbox"/> Ordering Level 4 Transfer Packet \$250	<input type="checkbox"/> Ordering Level 5 Equivalency Packet \$250
Total \$	Total \$	Total \$	Total \$	Total \$
<b>Grand Total</b>				\$

*All courses must be taken or transferred in order (Levels 1 through 5). **All transfer packets include all the materials you need for each transfer including instructor interview fees.** Shipping within the US is included in the transfer packet. Shipping outside the US will have additional shipping fees. Note: All classes completed before April 2008 are HTP classes.*

I am a current HTI Member and wish to receive a complementary HTPA Membership. HTI Member Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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**Payment information:** I have enclosed a check for \$ \_\_\_\_\_ OR Please charge my order to my credit card: \$ \_\_\_\_\_

Type of card:            VISA            M/C            (Please circle one)

Credit Card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_ three digit safety code \_\_\_\_\_  
(On back of card)

Your signature \_\_\_\_\_

Office Use Only: Order received:                      Authorization Number:                      Authorization Date:

**Mail or Fax to:**

Healing Touch Program  
15439 Pebble Gate  
San Antonio, TX 78232  
Phone: 201-497-5529  
Fax: 210-497-8532