Holistic Health Care & Consultation LLC.

"Personalized Care for Optimal Health & Wellness"

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Derek Senior, N.D.
Dorette Lewis-Senior, N.D.
Naturopathic Physicians

Dear _____:

Thank you for giving me the opportunity to discuss **Healing Streams Wellness Retreat** with you. I would like to move forward with planning for your Retreat in a timely manner. Below is a summary of services with applicable fees. Please make your selection accordingly.

The options for Healing Streams Wellness Retreat are as follows*

Healing Streams Wellness Services	**Fees**
10 days Retreat Package	$5000.00
5 days Retreat Package	$2,000-$3,000
Retreat Seminars Only	$150.00 PP Registration
Hot Springs and Spa Services Only	TBA
Physicians Evaluation and Personalized Plan only	TBA
28 day Detox Program	$99.00 PP Registration

*Cost may vary depending on group size. Taxes and Service Charge aapplies.

You have agreed to utilize Healing Streams Wellness Services for _____. A 10% deposit is required for the reservation of your space and preparation of materials (applicable to all retreat packages). Your deposit is non-refundable. Any cancellation of services after full-payment is made requires 72-hour notice and a 2-week period for a partial refund.

Thank you for choosing Holistic Healthcare and Consultation. LLC We look forward to serving you.

- Healing — Massage — Vegetarian Food
- Recovery — Hot Springs — Organic foods
- Detoxification — Mineral Baths — Raw Foods
- Pampering — Beaches — Soul Foods
- Vacation — Waterfalls — Special Foods

Mountain View - Sea View - Valley View - all from the same location **!!**

Thank you for your interest in participating in the Healing Streams Wellness Retreat.
To register, please complete the registration form below and mail to: 239 Plattsville Rd, Trumbull, CT 06611
Enclose your deposit for 10% of the cost of the Retreat Package or pay by credit card using the Paypal button on the web site: http://www.doctorstohealth.com/healingstreams.htm

Healing Streams Wellness Retreat
Registration Form

Basic Information:
How did you hear about the *Healing Streams Wellness Retreat*?
( ) Website ( ) Referral ( ) Other

Name _____
(Last) (First)

Mailing Address _____
(Street Address)

City_____State_____Zip Code_____

Date of Birth_____ Gender___( ) Male ( ) Female

Contact Information:

Home Telephone Number_____

Mobile Telephone Number_____

Email Address_____

Preferred Method of Contact ( ) Home Phone ( ) Mobile Phone ( ) Email

Tell us about yourself and expectations:

What is your current occupation? _____

Please describe your expectations for attending the *Healing Streams Wellness Retreat*?

_____

_____

Tell us about any specific health concerns you may have. Please detail any illnesses.

_____

_____

Healing Streams Wellness Retreat offers discounted rates for individuals who refer 2 or more person(s). Would you be interested in our 'refer a friend' discount? ( ) Yes ( ) No

Share your comments, questions or concerns you may have.

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