

**Aundrea J Adams, Alternative Medicine Consultant**  
**ANMA Board-Certified Naturopath, Washington, DC Registered Naturopath**  
**International Institute of Holistic Healing, Inc**

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Telephone Orders: 817 457-1232 Hours: Monday–Friday 8AM–4PM US Central Time

**No Exchanges or Refunds on supplements, courses or lab tests**

**Order Form – Outside USA Only**

Date \_\_\_\_\_

Telephone \_\_\_\_\_ \*Required

Email \_\_\_\_\_ \*Required

**BILL TO:** [As on credit card statement. Please Print]

Name \_\_\_\_\_

Company \_\_\_\_\_

Street Address or PO Box \_\_\_\_\_

Apartment Number \_\_\_\_\_

City/Town \_\_\_\_\_

Province/County/Region \_\_\_\_\_

Postal Code \_\_\_\_\_

Country \_\_\_\_\_

**SHIP TO:**  Same as Billing [Please Print]

Name \_\_\_\_\_

Company \_\_\_\_\_

Street Address or PO Box \_\_\_\_\_

Apartment Number \_\_\_\_\_

City/Town \_\_\_\_\_

Province/County/Region \_\_\_\_\_

Postal Code \_\_\_\_\_

Country \_\_\_\_\_

**PAYMENT:**

Credit Card Type	<input type="checkbox"/> Visa	<input type="checkbox"/> MC	<input type="checkbox"/> AMEX	<input type="checkbox"/> DISC
Credit Card No.	_____			
Expiration Date	Month _____	Year _____		
Card Verification No. *3 or 4-digit number on back or front of card*	_____			
Name of Credit Card Holder	_____			

**ORDER:**

Item Name	Qty	Price	Total
Nutrition Course #4	1	\$420.00	
		<b>Subtotal</b>	\$
		<b>Shipping</b>	\$13.00
		<b>TOTAL</b>	\$

Orders shipped via United States  
Postal Service Priority Mail with  
Delivery Confirmation

Check or Money Order Payable to: A J Adams

Check \$ \_\_\_\_\_  Money Order \$ \_\_\_\_\_

**For your protection and privacy, we do not keep credit card numbers or credit card information on file.**

*Thank you kindly for your business!*