

Evolve Healing Within with Crystal Bed Sessions

Client Confidentiality / Credit Card Release Form

All personal information is strictly confidential

Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Occupation: _____

Email: _____ CC# _____

Visa / Mastercard / Discover / Amex 3 Digit code back of CC# _____

Signature: _____

I understand that my appointment time has been set aside for me and I agree to give no less than 24 hours cancellation notice or I will be charged for the time scheduled. I understand that I am the responsible party and agree to pay for all fees incurred. I agree to allow Evolve Healing Within (Roswitha Bjorklund) to charge my credit card for my session or sessions.

Fees: Please make a check next to your session or sessions.

Prices

___ 20 - Minutes \$35.00 per session

___ 30 - Minutes \$45.00 per session

___ 40 - Minutes \$55.00 per session

Discounted Rates

___ 5 - Sessions / 30 - Minutes \$150.00 (Prepaid) 30.00

___ 10 - Sessions / 30 - Minutes \$225.00 (Prepaid) 22.50

___ 5 - Sessions / 45 - Minutes \$170.00 (Prepaid) 34.00

___ 10 - Sessions / 45 - Minutes \$325.00 (Prepaid) 32.50

Make check Payable to: Evolve Healing Within or Via: Pay Pal

A \$30.00 Return check fee will apply if check is returned for Non-Sufficient Funds

Contact Us: evolvehealingwithin@yahoo.com

Contact: Roswitha Bjorklund / Phone# 856-358-3428

This applies to all gift card purchases. Please provide name of person or persons for Gift Card

Name: _____

Name: _____

Name: _____

Name: _____