Performance Health Massage School Program

To sign up for participation, please complete General Information and the relevant section(s) below.

General Information - The following information is required for all options below. Please print.
School name:
School website:
Contact name and title
Contact phone number: Email:
Ship to address (no P.O. Box):
City: ST: Zip:
Number of school locations: Total number of students:
Do you use Biofreeze in your school? Yes No Do you sell Biofreeze at your school? Yes No
Do you currently use Prossage Heat in your school? Yes No
Student Graduate Kits - Complete this section to receive sample Biofreeze / Prossage product as a gift for graduates.
Length of your school's program:
Current enrollment:
Frequency of graduation: Monthly Quarterly Semi-Annually Yearly Other
Estimated number of graduates each graduation:
Date of next graduation:
Quantity of Graduate Kits requesting: Date needed:
Have you received Graduate Kits in the past? Yes No
To receive e-mail reminders to place future orders, indicate date(s) here: Quarterly Semi-Annually
Student Classroom Sample Kits – Complete this section to request sample product for hands-on teaching sessions.
Quantity of Student Sample Kits requesting: Date needed:
Have you received Student Sample Kits in the past? Yes No
To receive e-mail reminders to place future orders, indicate date(s) here: Quarterly Semi-Annually
Check this box to receive samples for clients seen at your school's clinic.
Do you USE Bon Vital' Products? Yes No
Do you SELL Bon Vital' Products at your school? Yes No

Return completed forms to: E-mail <u>education@performancehealth.com</u> or Fax: 866-639-4777 (Attn: MT School Education Manager)

For reorders visit www....

PLEASE ALLOW FOUR TO SIX WEEKS FOR DELIVERY OF ALL PRODUCTS

Note: Products are only available to be shipped to a US address