



HEALING ARTS

Practitioner Registration Form

Name: _____ Company Name: _____ Date: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: (if different) _____

City: _____ State: _____ Zip: _____

(circle one) Residential or Commercial Phone: _____ Fax: _____

Email Address: _____

Degree: (highlight, then underline)

MD DO DDS DVM NO PhD DC OMD Lac RN PA MA DNBHE DHANP

Other: _____

Please list Professional Licenses, Registrations, and Certifications (include numbers): _____

Clinical Experience Relating to Homeopathy/Nutritional Therapy: _____

How did you hear about White Dove Healing Art, Ltd.? _____

Signature: _____ Date: _____

Completed by: _____

For Colorado Businesses Only:

State Sales Tax License Number: _____

City, County and/or Local Sales Tax License Numbers: _____

Please attach a current Business Card or Letterhead to complete this portion of the Registration Form process.
If you already have an account with White Dove, please forward this form to an associate. **Thank you!**

White Dove Healing Arts, Ltd.
10959 Lynne Ave. | Lafayette, CO 80026
Phone (303) 828-4439 | Fax 1-866-819-4038
Toll Free Order Line: 1-866-989-WDHA (9342)
order online at:
www.whitedovehealing.com

For Office Use Only
Approved by _____
Date of 1st order _____
Source: Seminar, Referral,
Internet, Other _____



HEALING ARTS

For a Catalog, Information
or Ordering Call:
303.828.4439