

THE WAY OF NATURE LTD

Date: _____

First Name(s): _____

Surname: _____

Address: _____

Phone – Work: _____

Home: _____

Mobile: _____

E-mail: _____

Consultant: _____

Occupation: _____

Recommended Product	Number of boxes	Time/times	Number of capsules
No. 1			
No. 2			
No. 3			
No. 4			
No. 5			
No. 6			
No. 7			
No. 8			
No. 9 Qi			
No. 10			

Total

Amount \$

Consultation Fees \$

Total amount \$