

# FAX/MAIL Back Sheet

Please FAX to **PRACTICESMADEPERFECT @ 801.881-3546**  
or MAIL to PMP, @ PO BOX 350, MELROSE MA 02176

YES! I WOULD LIKE TO register for a HOMESTUDY PROGRAM @ \$125 each.

*How to Build and Market Your Mental Health Practice*

*How to get referrals*

BILL MY CREDIT CARD NOTED BELOW for \$ \_\_\_\_\_ \*

YES! I WOULD LIKE TO to purchase a copy of

How to Build and Market Your Mental Health Practice

How to Get Referrals

\*COST of each book is \$49.95 + \$3.00 Postage, MA RESIDENTS ADD \$2 TAX

PLEASE BILL MY CREDIT CARD NOTED BELOW for \$ \_\_\_\_\_ \*

YES! I would like to JOIN A FREE TELECLASS. Please send information.

YES! I would like to SUBSCRIBE TO YOUR FREE E.NEWSLETTER

YES! I would like a COMPLIMENTARY PRACTICE COACHING EXPERIENCE

YES! I would like to SEND YOUR COMMUNITY NEWSLETTER TO MY CLIENTS AND/OR POTENTIAL REFERRALS. Please send a sample and subscription information .

CARD # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

\* = Required Fields

Name\* \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address\* \_\_\_\_\_

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

FAX \_\_\_\_\_

EMail \_\_\_\_\_

**CALL 781.662.6026**

**E.MAIL LINDA@PRACTICESMADEPERFECT.COM**