

MsHec3 Project
107 N. Cortez St, Suite 105
Prescott, AZ 86301
(928) 421-3399

Practitioner / Teacher Application

Date: _____

Name: _____

Business Name: _____

Phone: _____

Address: _____

What are you offering? _____

Price per offering: _____

Years in practice: _____

Where will you be offering your services? _____

Do you carry liability insurance? _____

Please attach copy (\$1M min)

When do you wish to start? _____

I, _____, agree to offer my services to clients of MsHec3 for a 20% discount from my normal fees.

Everything I have stated is true to the best of my knowledge.

I claim to honor and respect all people and will treat them with dignity.

Signature: _____

2. Additional Modality/Teaching:

Price per offering: _____

Years in practice: _____

Where will you be offering this service? _____

3. Additional Modality/Teaching:

Price per offering: _____

Years in practice: _____

Where will you be offering this service? _____

4. Additional Modality/Teaching:

Price per offering: _____

Years in practice: _____

Where will you be offering this service? _____

5. Additional Modality/Teaching:

Price per offering: _____

Years in practice: _____

Where will you be offering this service? _____
