

**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			
<b>Total</b>			

Amount \$

Consultation Fees \$

Total amount \$