

Please print this application and provide the following information – this is confidential.

USA Application Form Vitality Analysis

Mail to: Abundant Growth
4327 Viscount Dr. NW, Calgary
Alberta T3A 0N8 Canada
Phone 780-988-9174

Print clearly and enclose Hair Sample in a plastic bag (6-10 hairs about 1 inch length)

Testing not effected by bleaching or coloring

Name _____ Phone _____

Address _____

Zip Code _____

Results are sent to the director or someone who is knowledgeable to explain this information unless otherwise requested.

Name of Director Diana Herrington

Phone 780-489-4477

Program(s) requested: (check appropriate box)

Basic Analysis: Measures: whole body, 11 major body systems, influences inhibiting vitality (Candida, food sensitivities, heavy metals, toxicity, parasites.), specific Sunrider nutritional & lifestyle improvements for increasing Vitality, protein/carbohydrate/fat balance, acid/alkaline balance. **\$39.00**

Food Sensitivity Testing: 20 common foods/food groups. **\$25.00**

Extensive Food Sensitivity Testing: Over 140 foods/food groups tested. **\$69.00**

Request how your information is to be sent:

E-mail _____ (Print in capitals clearly)

Mail (to above address)

➔ _____ **Total Amount Enclosed** (check or money order in US funds payable to Abundant Growth)

Health information and Goals: (use additional paper if necessary)

The more information you give the more measurements can be taken and thus the more accurate analysis is:

- Which Sunrider foods do you eat regularly (or ___ not started yet.)?
- Describe you health situation and symptoms:
- What are your health goals? Include any relevant information related to those goals.
- What improvements/changes have you noticed since your last VA program?
- What exercise do you do? _____ How often?

- Your age _____ Weight _____ Height _____ Sex _____
Occupation _____

If you have a medical problem see your doctor

This analysis is for nutritional advice only for the purpose of raising Whole Body Vitality as defined by Abundant Growth.

Please sign your acknowledgment of this disclaimer below:

I appreciate your cautioning me to confer with my health care professional about personal health problems, and that you have encouraged me to use Vitality Analysis or any specially mentioned products or foods as part of my overall dietary plan. I understand that there are no claims made as to the accuracy or implications of Vitality Analysis and I agree that I am under no obligation to act on your suggestion except of my own free will.

Signed _____ Date _____