

Canada Basic Application Form

For information www.VitalityAnalysis.com

Vitality Analysis

Mail to: **Abundant Growth**
6616-185 St. Edmonton
Alberta T5T 2M6 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 _____

Name of Registered User if applicable: (Your sponsor who will explain your results.) _____

Program(s) requested: (check appropriate box)		Price	GST	Total
<input type="checkbox"/>	Basic Body Analysis: Measures vitality of whole body, body systems, inhibiting influences, specific Sunrider nutritional & lifestyle improvements	\$39.00	1.95	\$40.95
<input type="checkbox"/>	Discount for Registered Users (applies to Basic Body only)	6.00	.30	34.65
<input type="checkbox"/>	Test US Products (Vitashake, Slimcaps, Goldenseal, MetaShaper, Vitaspray, Meta 44)			
<input type="checkbox"/>	Food Sensitivity Testing: 22 common foods/food groups tested.	29.00	1.45	\$30.45
<input type="checkbox"/>	Extensive Food Sensitivity Testing: Over 140 foods tested.	73.00	3.65	76.65
<input type="checkbox"/>	Extensive Healthy Food Testing 140 foods (for more experienced diets)	73.00	3.65	76.65
<input type="checkbox"/>	Combination Basic Body Analysis & Extensive Food Sensitivity (indicate above whether you wish extensive regular or extensive healthy food test)	99.00	4.95	103.95
<input type="checkbox"/>	Other testing (be sure to include GST)			
	Total Amount Enclosed (cheque or m/o payable to Abundant Growth, Or E-transfer to abundant108@shaw.ca (add your full name and city & province in e-transfer comments)	Total		

Email address to which we send the results. (if you don't have an upline registered user)

E-mail _____ (print clearly please)

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 _____