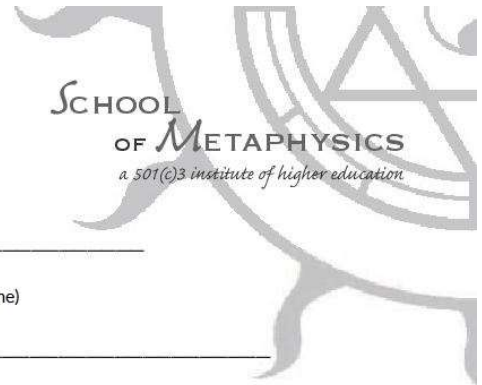


INTUITIVE HEALTH ANALYSIS

an Intuitive Report from the School of Metaphysics



Your Name _____

(Male - as appears on birth certificate)
(Female - First & Middle Name as appears on birth certificate, Last Name most recent Married Name)

Postal Address _____

Street number and name or Route/Box number

City / State / Postal Code / Country

Phone Number _____ email _____

Demographic Information:

Gender _____ Birthdate _____

Educational Level _____ Occupation _____

SOM Study Status: Current Student _____ SOMA member _____ SIR member _____

I am hereby requesting that the School of Metaphysics conduct this research on my behalf as noted by my signature below.

✓ _____
signature/date

Please complete additional information required for this report

Your Intuitive Report will be scheduled upon receiving your request. You can expect to receive a recording by postal mail at the address you have provided within two to four weeks. The Society for Intuitive Research welcomes you.

_____ and _____
DATES of two consecutive MONDAYS you will be at this address from 7-11 p.m. Central Time [1-5 a.m. UT]
If different from above, print complete address where you will be at the time of your analysis

Street Address _____

City / State / Country _____

If you have a question or specific concern please write this legibly on the reverse side of this sheet.
(Maximum of five questions)

Requested minimum contribution for this type of Intuitive Report is \$120.00 US.
Form of Payment (*circle one*):

Check/M.O. (*payable to School of Metaphysics*) Visa Mastercard Discover
Amount Enclosed: \$ _____

Visa/MC Number: _____ Exp. Date: _____

Signature of Cardholder: _____

Mail completed form with indicated payment to the address at left.

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