

Hendrickson Method® Institute: Provider Locator Request

Name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell _____

Email: _____

Use this business address, business phone, and email address for the site:

Street _____ City _____ State _____ Zip _____

Business phone: _____ Email: _____

_____ I do not want my business address listed. Please write in "address available upon request".

Please list the Hendrickson Method professional certification courses you have completed:

Course Title	Year	Location
_____	_____	_____
_____	_____	_____

Listing Fee: \$20.00 per year

Charge my credit card for the \$20 Provider Locator participation fee.

CC# _____ Expiration date: _____

Or:

Make checks payable to Hendrickson Method Institute and mail to 388 Colusa Ave.,
Kensington, CA 94707

After payment is received we will create a listing for you based on the information you provided. Shortly afterward you will receive an email from the website letting you know your user name and temporary password that will allow you to log in and customize your listing.

If you have any questions about the Provider Locator please contact our office at 510-524-3107 or school@hendricksonmethod.com.

Hendrickson Method Institute
388 Colusa Avenue, Kensington, CA 94707, 510-524-3107