

PRACTITIONER'S AGREEMENT

I hereby confirm that I have read and understand the guidelines for **Ultra Depth® Practitioners** and realize that if I should engage in any activities that are prohibited by word or by intent in the paragraphs outlined above, I do so with the knowledge that I may be violating copyright and trademark law and/or the principles of **ULTRA DEPTH® INTERNATIONAL**. This may result in the revocation of my registration as an **Ultra Depth® Practitioner**.

Please Print Clearly

Practitioners Printed Name

Practitioner's Signature

Date

Address

City

State/Province

Postal Code

Country

Work Telephone

Extension

Home Telephone

E-mail Address

Web Site Address

Please fill out completely and return this sheet immediately to:

ULTRA DEPTH® INTERNATIONAL
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Asheville, NC 28806-2925