



Practitioner Business Listing

Check One: ___ **\$35.00 One-time Fee** (with membership)☐ ___ **\$15.00 Editing Fee**

 ___ **\$35.00 Renewal fee** (with lapsed membership)

Please **ONLY** list information you would like to be posted to the website.

Please enclose your Business Card or Photo.

To see a Practitioner Business Listing online, go to: <http://www.reflexologyct.org/practref.html>

Business Name: _____

Name: _____

Phone: _____

Office Address: _____

E-mail address: _____

Website: _____

Business Description (limit to 30 words):

Mail completed form, business card or photo (no staples or paper clips) to:

Linda Christensen
Attn: RACT Business Listing
PO Box 63
Moodus, CT 06469
Mobile 860-798-6504