

BUSINESS CONSIDERATION REQUEST

I, _____(name), wishing to be considered for a business relationship with Margo Bengé, dba Miracles (hereinafter referred to as"Miracles"), hereby certify my current knowledge in massage modalities to be: (*List below as appropriate*).

I also understand that Miracles is considering my involvement with proprietary business information and for that reason asks that I disclose any information at my disposal on the following modalities:

- Massage for carpal tunnel
- Massage for Multiple Sclerosis
- Massage for Cerebral Palsy
- Massage for weight loss and/or volume reduction.
- Massage to reduce eye pressure.

Signature

Printed Name

Date

This form must be notarized prior to any formal working relationship with Miracles that involves massage.