Sign In Sheet for Exhibitor Event

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_



Release: I hereby give permission to Healing Touch Program/Healing Touch Professional Assoc. and/or Healing Touch Worldwide Foundation to publish or print my photo for public relations purposes, with no remuneration or other consideration, should one be taken while I am at the HT Event/Project or while receiving Healing Touch there.

**Participants:** Please Initial below in the Yes or No column, if you give permission or not as stated above. *Please add your email address if you would like more information about the Healing Touch Program and/or Healing Touch World Foundation.*

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|  | Participant Name | Yes – Initial Below | No – Initial Below | Email Address |
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