



NARA Clinic & Practitioner Partner Sign-Up Form

Clinic Name: _____

Address: _____

Email: _____

Phone: _____

Preferred Contact Person _____

Please describe your services: _____

Do you consent to being listed on the NARA Clinic Partner Directory for natural health specialties (please circle):

Yes No

Consent to be featured in NARA Clinic Partner Announcements such as Press Releases or media announcements (please circle):

Yes No

Which promotional materials are you interested in sharing with your patients (please circle)?

Hormone Report Mood Report Both Reports Not Applicable

Interested in learning more about our DNA testing products (please circle)?

DNA Kit + Reports Reports only Not at this time

Interested in pre-orders for MUJN Vitamin D and BDNF tests (please circle)?

Yes, for both Vitamin D only BDNF only Not at this time