

CLIENT INFORMATION FORM

Name (Mr./Mrs./Ms.) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Date of Birth _____

Email _____

Please check this box if you would like to receive confirmations exclusively by email.

Occupation _____

How did you hear about la thérapie SPA AT PRESTON? Please check all that apply:

Family/Friend (name) _____ Community Event/Auction _____

Yellow Pages _____ Carolina Woman _____ Cary Living _____ TV _____

Preston Walk _____ Cary Magazine _____ City Search _____ Radio _____

Convenient Location _____ Gift Certificate _____ Other _____

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