

# Business Profile Submission Form

Please complete the form below to submit your Business/Practitioner Profile submission Fields marked with an asterisk\* are required.

Full Name: \*

Company Name: \*

Phone number: \*

E-mail Address: \*

Website URL: \*

When and where was business founded?

What is your educational background?

*List degrees and any other special training/certifications*

Please define your practice, organization or business.

*Include as many facts and info as you'd like such as specialties, modalities offered, unique features, etc.*

Describe the energy or essence practice, organization or business.

What is your healing/wellness or business philosophy?

What are you passionate about in your work or in your life?

*We're looking for insights into personal motivation so readers will get a feel for the person behind the practitioner. Shorter is better here. One sentence preferred.*

Why do your best clients return again and again?

Comments: