



### Directory Listing Information

Product or service: \_\_\_\_\_

Business Name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Web site Address: \_\_\_\_\_

3 – 6 Sentences describing your business, education and/or product (use the back of this sheet if necessary):

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Please do not include any information that you DO NOT want to appear in the directory. If you have any questions please contact Heidi at the e-mail address below or at (231) 944-8351. Your listing will appear in the next printing of the directory and should appear in our on-line directory within 48 hours.

Mail Form to:       The Natural Health Network  
                          c/o Heidi Kistler  
                          PO Box 66  
                          Lake Ann, MI 49650

Or e-mail this form to [hkistler@thenaturalhealthnetwork.net](mailto:hkistler@thenaturalhealthnetwork.net)