

Service Provider Qualification Form

Please complete, sign and submit to the Sandra J. Wing Healing Therapies Foundation, contact information below. Thank you!

Date: _____

1. CONTACT _____

Service Provider Legal First Name: _____

Service Provider Legal Last Name: _____

Business Name: _____

Business Address: _____

Business City: _____

Business State/Zip: _____

Business Phone: _____ - _____ - _____

Business Fax: _____ - _____ - _____

Business Email: _____

Business Web site: _____

Business License Number: _____

Mailing Address, if different: _____

Mailing City: _____

Mailing State/Zip: _____

I am the business _____ Owner _____ Employee

3. SANDRA J. WING HEALING THERAPIES FOUNDATION COMMITMENT/SERVICE RATES

Please list your services and rates (will be posted on our website):

Primary Service Type: _____

Standard Rate: \$ _____ per hour or \$ _____ per _____ minute session

Reduced Rate for Sandra J. Wing Healing Therapies Foundation Beneficiaries:

\$ _____ per hour or \$ _____ per _____ minute session

Additional Service Type: _____

Standard Rate: \$ _____ per hour or _____ per _____ minute session

Reduced Rate for Sandra J. Wing Healing Therapies Foundation Beneficiaries:

\$ _____ per hour or _____ per _____ minute session

I am willing to provide in-home services if requested: _____ YES _____ NO

Days and times available: _____

Cities: _____

I am willing to provide **on-call** in-home services: _____ YES _____ NO

Days and times available: _____

Cities: _____

I have read and agree to the Sandra J. Wing Healing Therapies Foundation Service Provider Instructions online on the Resources / Providers page at www.healingtherapiesfoundation.org

Signature: _____ Date: _____

Print Name: _____