

THE *Psychic & Healing* GUIDE

Contact Information
(Please Print Legibly)

Order Form/Contract

Business Name _____
 Contact Person _____
 Address _____
 City/State/ ZIP _____
 Phone _____
 Email Address _____
 Website _____

LISTING (35 words or less)

For Multiple Listings – Please use Back

Sections (please circle) Psychic Medium Astrology Akashic Records
 Tarot Card Readings Medical intuitive Healing Modalities
 Past Lives Numerology Pet Communicator Spiritual Counseling
 Spiritualist Church Psychic Fairs and Events

Ad Cost
(Please fill in ALL blanks)

Graphic Listing \$70 x ____ = _____
 Multiple Listings _____% = _____
 Full Page _____ = _____
 Half Page- _____ = _____
 Quarter Page _____ = _____
 Less Discounts _____ = _____
Total _____

Paid by: Check# _____ Cash _____
 Credit Card _____
 MC OR VISA _____
 Expiration _____ CVC# _____

Checks made out and sent to:
The Journey
 111 Villa Dr.
 Pittsburgh, Pa. 15214
 Phone: 440-223-1392

Notes

Signature of Advertiser _____ Date _____
 Signature of Sales Person _____ Date _____