

# HIGHER NATURE<sup>®</sup>

Nutritional Excellence

## Practitioner Programme Registration Form

(student health Practitioners may also apply)

Miss/Mrs/Ms/Mr/Dr/Other Name: Billing/Mailing Address:   Telephone No: Email:	Postcode:	Practice Address if different:   Postcode: Telephone No: <input type="checkbox"/> Please keep me informed about Higher Nature news, products and updates by email. <input type="checkbox"/> Please keep me informed about Higher Nature news, products and updates by post. <input type="checkbox"/> From time-to-time we make our mailing list available to carefully-screened companies whose products may be of interest to you. If you wish to receive such mailings, please tick this box.
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**Type of Therapist :**  
Practitioner / Membership Association:  
Qualifications (Please enclose a **copy** of your certificate):

**Student Information:** Course:  
College/University: Expected date of completion:

**Practitioner Discounts and Commission System**

**1) Practitioner Direct Orders**  
Enjoy discounts of up to 52%\* off the recommended retail price equivalent to up to 25% off the trade price for direct orders. Choose from delivery to you or your client. See the enclosed Practitioner benefits and terms summary leaflet for details of Practitioner discounts available for specific spend levels.  
\*includes extra 2% for payment with order.

**2) Practitioners' Client Orders**  
Give your clients your agent number to ensure you earn commission on all their orders for at least 18 months. Choose from the following two options:

**a)** Receive a credit for 30% of the order value of your clients' purchases to your Higher Nature account.

**b)** Receive a cheque for 25% of the order value of your clients' purchases quarterly.

NB. Your client will also enjoy a discount off the RRP when they order for at least 6 months. Discounts of up to 33% off RRP.

If you would like to open a credit account please supply us with the following references:  
(Non-UK residents will not normally be offered credit accounts)

<b>Bank Reference</b> Bank Address  Sort Code Account Number Telephone No:	<b>Trade or Professional Reference</b> Name Address  Postcode Telephone No:
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Once we have cleared your application, you will qualify for an initial credit limit of £100.

<b>Please return this form to:</b> Trade Department, Higher Nature, FREEPOST NAT5235, Burwash Common, East Sussex, TN19 7BR	<b>Office use only</b> Practitioner No: Date: Authorised by:
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Telephone Orders FREEPHONE 0808 178 8614 • Fax 0870 066 4010  
Outside the UK Telephone +44 (0)1435 883702 • Fax +44 (0)1435 883720  
Nutrition Department 0870 066 4458 • Email: [practitioner@higher-nature.co.uk](mailto:practitioner@higher-nature.co.uk)  
[www.highernature.co.uk/practitioner](http://www.highernature.co.uk/practitioner)

Subscribe now to *Advancing Nutrition For Professionals* magazine and increase your nutritional know-how.

It is packed full of informative and inspirational articles written from both a scientific and practical viewpoint, making it an excellent reference guide for both practitioners and students.



\*Available free to qualified Nutritional Practitioners and students studying nutrition

Name: _____ Job title: _____ Company name: _____ Address: _____ _____ _____ Postcode: _____ Telephone: _____ Email: _____ Signature: _____ Date: _____	<b>NEW TO HIGHER NATURE?</b> <input type="checkbox"/> I would like to register with Higher Nature and receive <i>Advancing Nutrition for Professionals</i> and regular nutritional information from Higher Nature free of charge. Please send me a registration pack. <b>Please complete one option below.</b> <input type="checkbox"/> I am a CAM Practitioner. My main area of practice is: _____ <input type="checkbox"/> I represent an independent health store. <input type="checkbox"/> I am a student.
<b>ALREADY REGISTERED WITH HIGHER NATURE?</b> <input type="checkbox"/> I am already registered with Higher Nature as a qualified practitioner. My account number is: _____ <input type="checkbox"/> I am already registered with Higher Nature as an independent health store. My account number is: _____ <input type="checkbox"/> I am a student.	<b>STUDENT INFORMATION</b> Course title: _____ Name of College/University: _____ _____ Qualifying date: _____
<input type="checkbox"/> <b>Please keep me informed about Higher Nature news, products and updates by email.</b> <small>We promise to respect your privacy and guarantee we will never share or pass on your details directly to other mail order companies outside the Higher Nature Group for direct sales purposes, and that all personal details are held securely and in strict confidence.</small>	

Please post or fax this application form to:  
Higher Nature, Freeport 5235, Burwash Common, East Sussex, TN19 7BR.  
Fax: 0870 066 4125.