

# Wright's Nutrients™

Premier Vitamins & Organic Grocery

6630 US Hwy19, New Port Richey, FL 34652 (727) 848-5140 [www.wrightsnutrients.com](http://www.wrightsnutrients.com)

Thank you for your interest in joining our Wright's Nutrients Preferred Practitioner/Service Referral Program. We value each relationship that we have developed with our holistic/wellness community over the years and are very excited about having designed a true partnership program designed to increase awareness about your services to our customers. The number of unique visitors to our site each month continues to grow and in November 2006 we had over 3,500 different computers sign on to our home page looking for local wellness information. **Would you like us to refer our customers to you?**



*Please take a moment to review our exciting program overview below followed by our partnership application.*

Our Preferred Referral Program offers the following:

- Your advertisement on our "Find A Practitioner/Service Provider" page of our website that will include a brief description of your practice/service, your photo, your contact information including address, phone, email, and web link for the entire year
- A listing in our printed "Preferred Practitioner/Service Referral Program" publication that will be distributed in our store and at community functions

**2007 PREFERRED PRACTITIONER/SERVICE REFERRAL PROGRAM APPLICATION**

2007 Preferred Practitioner/Service Referral Program – \$250 Per Year

12 Month Partnership Program Period: \_\_\_\_\_ through \_\_\_\_\_  
(month / year) (month / year)

This program begins 30 days after check and commitment form has been received. Please make checks payable to **Wright’s Nutrients** attention: Jeff Wright at 6630 US Hwy19, New Port Richey, FL 34652. For more information, please call (727) 848-5140.

NOTE: All applications will be reviewed by our Community Programs Review Committee. If it is determined that this program doesn’t serve both parties you will be notified and the partnership fee will refunded. Subsequent to an approved partnership agreement if a conflict of interest arises the submitted program fee will refunded on a prorated basis.

Does your practice currently sell supplements? (Please circle your answer) Yes No

If yes, please list the brand(s) that you offer? \_\_\_\_\_  
\_\_\_\_\_

**PRACTITIONER/SERVICE INFORMATION TO BE POSTED**

Practitioner/Service Name (100 characters max – example “Carlo D. Galli, D.C.):

\_\_\_\_\_  
\_\_\_\_\_

Practice/Service Name (100 characters max – example “Family Chiropractor Clinic”):

\_\_\_\_\_  
\_\_\_\_\_

Practice/Service Description (1000 characters max – use reverse side of form if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hours (100 characters max – example “Open Mon – Fri 8:30 am – 7:00pm, Sat 9:00 am – 5:00 pm, Closed Sun):

\_\_\_\_\_  
\_\_\_\_\_

Address (100 characters max):

\_\_\_\_\_  
\_\_\_\_\_

City / State / Zip (100 characters max):

\_\_\_\_\_  
\_\_\_\_\_

Phone (20 characters max):

\_\_\_\_\_  
\_\_\_\_\_

E-mail (50 characters max):

\_\_\_\_\_  
\_\_\_\_\_

Website (100 characters max):

\_\_\_\_\_  
\_\_\_\_\_