



amta
american **massage therapy** association®

Chapter Request Form

Please fill out this form in full and submit via fax, email or mail at least four weeks prior to the date you will need samples.

Name of Chapter:		
Contact Full Name:	Title:	Contact Phone #: ()
Contact Email Address:		
Event Name:		Event Date(s):
Type of Event: (i.e. Annual Meeting, Anniversary)		
Number of Chapter Members:	Number of <u>Attendees at Event</u> :	Date Samples are <u>Needed</u> :
Physical Shipping Address: (NO PO Box)		
City:	State:	Zip Code:

Please select from the following products:

Massage Line

- Massage Gel Oil
- Massage Therapeutic Lotion
- Massage Creme

Natural Pain Relieving Gels

- Original WARM Therapy
- COOL Therapy

Ultrasound

- Ultrasound Gel with Aloe
- Therapeutic Ultrasound Lotion



Mail or fax this form to:
Sombra Professional Therapy Products
Attention: Jeff Baskett

5951 Office Blvd.NE ♦ Albuquerque, NM ♦ 87109
505-888-0189 Fax ♦ jeff@sombraUSA.com

Sombra Use Only

Date Rec'd _____ Date Needed _____ Date Sent _____
 FB Like Referral WT

