

# Village Health Market

Discount Premium Vitamins • Organic Groceries  
Fresh Meat & Seafood • Organic Wine • Café & Juice Bar

Thank you for your interest in joining our Village Health Market 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 that will increase awareness about your services to our customers. The number of unique visitors to our website each month continues to grow as well as our in store customer count with people 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 distributed in our store and at community functions
- Participation in our Annual Customer Appreciation Day, our Monthly Wild Wednesday and Vitamin Savings Weekends (*featured presence at our large events with multiple activities + aggressive marketing campaign throughout our local market*)

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

2007 Preferred Practitioner/Service Referral Program – \$200 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 **Village Health Market** attention: Roni Levy at 3225 S. MacDill Ave., #123, Tampa, FL 33629. For more information, please call 813-831-6065.

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**

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):

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