

*Integrity Biofeedback Inc.*  
**Harmonic Energy Balancing (HEB)**  
**Renewal Application**

Please check the applicable information if you are **renewing** for another year:

- I am enrolling only myself (\$125)  
 I am enrolling myself and one other family member (\$250)  
 I am enrolling myself and two other family members (\$375)  
 I am enrolling my entire family: 4 members or more (\$500)  
 I am enrolling my home (\$125)  
 I am enrolling my business (\$125)  
 I am enrolling my pet(s): (\$50 per pet) Number of pets:

**Total Amount:** \$

**Please print:**

Name:  Date:  Gender:

Street Address:  City:

State:  Zip:  Email:

Home phone: (  )  -  Cell phone: (  )  -

Date of birth:  /  /  City Born In:  State:   
Month Day Year

**Type of payment:**

Check  Credit Card (Visa or Mastercard only):

CC Number:  -  -  -

Expiration Date:  /  3 Numbers on back:

**Billing Address if different than above:**

Street Address:  City:

State:  Zip:

I authorize Integrity Biofeedback Inc. to charge my credit card for 12 monthly payments.  
(Total amount divided by 12 plus \$5 monthly fee for processing)

**(Please be sure to sign application – next page...)**

**Family Members I am enrolling in the HEB Program:**

**Note:** Integrity Biofeedback Inc. must have a signature below for each family member over 18 years of age) A picture is needed for each enrollee. (IBI will contact you with specific picture instructions.) If enrolling your home or business, Integrity Biofeedback Inc. will contact you for information needed.

- 1. Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Birth City & St:** \_\_\_\_\_ **Signature:** \_\_\_\_\_
- 2. Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Birth City & St:** \_\_\_\_\_ **Signature:** \_\_\_\_\_
- 3. Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Birth City & St:** \_\_\_\_\_ **Signature:** \_\_\_\_\_
- 4. Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Birth City & St:** \_\_\_\_\_ **Signature:** \_\_\_\_\_
- 5. Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Birth City & St:** \_\_\_\_\_ **Signature:** \_\_\_\_\_
- 6. Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Birth City & St:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Please read carefully:**

I (we) understand that the HEB (Harmonic Energy Balancing) will not diagnose, prescribe, cure, or treat. I (we) understand that the HEB does not replace medical care by a licensed medical physician.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail, Fax or E-mail Application to:**

Integrity Biofeedback Inc.  
P.O. Box 508  
Bonita Springs, FL 34133

Fax number: (239) 221-8974

E-mail: [balanceyourstress@comcast.net](mailto:balanceyourstress@comcast.net)