



## INTERNATIONAL HOLISTIC TOUCH INITIATIVE

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### Memorandum of Understanding (MOU) Program or Practicum-Apprenticeship Component (PAC) Sponsor (Applied Holistic Health Practice Program APHPP)

#### Sponsor Form

<b>Name of Sponsor (Company/Individual)</b>	:	.....
<b>Name of Program (APHPP)</b>	:	.....
<b>Sponsored Amount</b>	:	.....
<b>Name of the participant or Group Name (Representative name &amp; number of participants) you want to sponsor</b>	:	.....
<b>Sponsor PAC Workshop &amp; Seminar (Yes/No)</b>	:	.....
<b>Special Terms &amp; Conditions you wish to impose (Please specify)</b>	:	.....

Signature of Sponsor

.....

Name:

Date:

Signature of Sponsored Participant

.....

Name:

Leave blank if you want to sponsor  
more than 1 participant or a group

FMC Approval

.....

Name:

Date: