

Allocca Biotechnology, LLC

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**Andromeda Assessment and Wellness Plan
Data Processing Service Registration**

Name: _____ Date: _____

Address: _____

Phone: () _____

Email Address: _____

Degree: _____ State/License# _____

Name on Credit Card: _____

Credit Card #: _____ Expiration: _____ CVC #: _____

I, the undersigned, agree to allow Allocca Biotechnology, LLC to charge my credit card as listed above for the following items that I may order:

- Andromeda Assessment and Wellness Plan processed and printed in color along with a Brainicity™ CD and returned by US Postal mail for \$89.00 each.
- Andromeda Assessment and Wellness Plan processed and returned by email in pdf format for \$59.00 each.

I understand and agree that the aforementioned service is not a medical diagnosis and hold Allocca Biotechnology, LLC and Dr. John A. Allocca harmless of any legal actions thereof.

Signed and Agreed:

_____ Date _____