

# dreamclinic®

## massage + wellness

916 NE 65<sup>th</sup> Street. Seattle WA 98115  
206-525-0726 [www.dreamclinic.com](http://www.dreamclinic.com)

### ONSITE MASSAGE OR ACUPUNCTURE ORDER FORM

Onsite massage and acupuncture are affordable and popular ways to bring Workplace Wellness and express employee appreciation. To sign up for an onsite engagement, please complete this form and email to [onsite@dreamclinic.com](mailto:onsite@dreamclinic.com) or fax to 206-267-0814.

### *Engagement Specifics and Pricing*

**Duration:**  
**No. of**  
**Messages**

One therapist in an hour can provide:

Six 10-minute  
Sessions

Four 15-minute  
Sessions

Three 20-minute  
Sessions

Two 30-minute  
Sessions

**Acupuncture**

Onsite acupuncture treatments are 30-minutes in duration. A single acupuncturist can provide sessions in parallel, allowing 16 participants to receive acupuncture in a typical five hour-engagement.

**Pricing:**

\$96 per hour per therapist for chair massage with a 4-hour minimum: (plus expenses below)

- Event Coordination Fee - \$150
- 18% Gratuity added to service
- Parking - provided by client or cost will be added to final bill (if required) per therapist

**Payment**  
**Terms:**

We require a credit card to reserve the session. Credit card will be billed after the conclusion of the engagement (unless you make other payment arrangements), and an invoice will be sent to you for record keeping. In the event you need to cancel or reschedule, we request 48 hours notice. ***Cancellations of less than 48 hours will be charged a fee equaling one hour's charge for each reserved therapist.***

**How the**  
**service works:**

Once we receive a finalized Order Form from you, we assign the best fit therapist(s) for your workplace culture or special event.

- You choose where services will be performed (we need a space about 8' x 10')
- You spread the word about the upcoming Onsite Wellness day(s)!

That's it! We provide all the rest –We will create a sign-up sheet or online scheduling link to share. Online scheduling is offered at no extra charge and delivers the optimal experience; from convenience of scheduling to the ability to give feedback and gauge interest in recurring service.

Our therapist(s) will provide everything else needed; a specially designed massage chair/table, sanitizing supplies, music, and other supplies as needed for your engagement.

**Have questions? Please email [onsite@dreamclinic.com](mailto:onsite@dreamclinic.com) or call us at 206-525-0726.**

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### Order Authorization

<b>Company/Client Name:</b> Alliance Nursing		<b>Contact Name:</b>	
<b>Address:</b>			
<b>Email:</b>		<b>Phone:</b>	
<b>Please select the services desired:</b> Chair Massage   Table Massage   Acupuncture		<b>Payment arrangement:</b> Employee Paid   Company paid	
<b>Requested Service Date:</b>		<b>Number of Participants :</b>	
<b>Start &amp; End Time:</b>		<b>Number of Therapists:</b>	
<b>Online Scheduling?</b>		<b>Interested in recurring service?</b>	
<b>Automatically include gratuity?</b> 18% 20% other: _____		<b>Duration of Session(s):</b>	
<b>\$ Quoted ( highlight selections:</b> \$96 per therapist hour . Coordination Fee - \$150, 18% gratuity. 4 hrs x \$96 = \$384. \$384 + \$150 + \$96 (gratuity) = <span style="border: 1px solid black; padding: 2px;">\$630</span>			
<b>Credit Card Number:</b>		<b>CVC:</b>	<b>Exp. Date:</b>
<b>Cardholder Name:</b>			
<b>Card Billing Address:</b>			
<b>Signature:</b>		<b>Today's Date:</b>	

### Event Details

<b>Day-of-service Contact (if different):</b>		
<b>Email:</b>		<b>Phone:</b>
<b>Massage Area Location:</b>	<b>Purpose:</b>	
<b>Notes on Parking:</b>	<b>Building Entry Instructions:</b>	
<b>How did you hear about Dreamclinic:internet search</b>	<b>Can we post event photos and mention you as a client on our social media?</b>	

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