

## Your February Savings for You!

**YES**, I do want the personal benefits that Healing FUSION and C-DOVE or DOVE can provide ... AND to save up to 37% on my personal system! Please process my request and immediately ship immediately to me!

Package	Gold	Silver	C-DOVE	DOVE
Includes	Q1000 C-DOVE or DOVE Solaris Blanket	Q10 C-DOVE or DOVE Solaris Blanket	C-DOVE Only	DOVE Only
Your Best Choice For	Our full professional system, with tools for virtually EVERY health disorder	Full package that is perfect to start and also to use for Rentals	COSMODIC Device with 46 Channels of feedback	True Scenar with Full Feedback of DOSE
The following purchase enhancements are included with each package				
<b>Laser Users Manual</b>	Yes	Yes	No	No
<b>Dr. Irina Manual</b>	Yes	Yes	Yes	Yes
<b>Healing Light Book</b>	Yes	Yes	No	No
<b>8 Hour DVD for DOVE/C-DOVE</b>	Yes	Yes	Yes	Yes
	Yes	Yes	No	No
<b>Healing Light DVD Seminar</b>	Yes	Yes On Loan for 60 days	No	No
<b>Q1000 Four Free Modes - \$1000</b>	Yes	Three Modes	No	No
First day Conference Free	Yes	Yes	Yes	Yes
Paid Training - Allowance on UEP	\$450	\$300	\$150	\$150
Special DVD with ANS, Immune Sys.	YES	YES	Yes	YES
Custom Carry Case	Yes Two Cases	Yes Two Cases	Yes	Yes
Free Shipping - North America	Yes	Yes	Yes	Yes
Unlimited Phone Support by customer service	Yes	Yes	Yes	Yes
Earn 10% Referral Fees	Yes	Yes	Yes	Yes
Normal Package Price	\$9905.00 Or \$10405 C-DOVE	\$6025.00	\$3505.00	\$2855.00
<b>Your January Savings</b>	<b>Subtract \$3410!</b>	<b>Subtract \$2275!</b>	<b>Subtract \$1610!</b>	<b>Subtract \$1160!</b>
<b>Your January Close-Out Price Is Only</b>	<b>\$6195 DOVE</b> <b>\$6495 C-DOVE</b>	<b>\$3750 USD</b> <b>\$4030 C-DOVE</b>	<b>\$2195 USD</b>	<b>\$1895 USD</b>
<b>You Save</b>	<b>37%</b>	<b>37%</b>	<b>37%</b>	<b>33%</b>
Please send me this package	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name				
Billing Address				
Billing City, State, Zip				
Shipping Address (if diff)				
Shipping City, State Zip (if diff)				
Telephone			Email	
Method of Payment	<input type="checkbox"/> Visa		<input type="checkbox"/> Master Card	
	<input type="checkbox"/> Check		<input type="checkbox"/> Am. Express	
Payable to MediSCEN or David Finsterle-Gawain; your order will ship when your check clears				
Credit Card Number (please print neatly)				
Name on Card (if diff from above)			Exp Date	Sec Code
<p>I acknowledge that neither MediSCEN or David Finsterle-Gawain, nor any person associated there-with (Company) has made any medical treatment claims regarding the equipment I am buying. By ordering and accepting delivery of this equipment, I accept complete responsibility for the use of these devices and acknowledge they are completely under my personal control. I agree to hold Company and all representatives and/or associates thereof, whether business or individual, harmless for any lack of results or for any disorders, allergies, diseases, pain or any other malady alleged to be caused by my use of any low level laser product or SCENAR product sold by same. I agree that any dispute or claim arising out of any business transaction involving Company shall be resolved by binding arbitration in the State of South Dakota under the rules of the American Arbitration Association. I agree and acknowledge that any demand for arbitration must be made in writing within 90 days of the event giving rise to the demand, and that the arbitral award is final and binding on both parties.</p>				
Authorization Signature & Date				

Return to: MediSCEN or Soft Lasers and SCENAR Associates - Fax 760-495-9288; Phone 605-431-4002, Ext 1; Email [docdavid@docdavidlive.com](mailto:docdavid@docdavidlive.com) or [info@thehealingfusion.com](mailto:info@thehealingfusion.com)