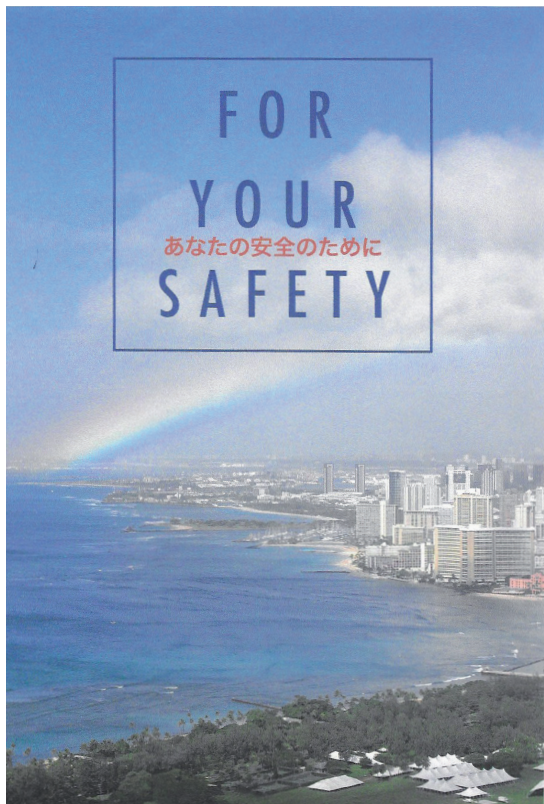


WHAT YOUR FAMILY NEEDS TO KNOW

Affiliate Program



Featuring

- Free “Family Emergency Information” for your clients
- Business Listing as a Resource in WHY-NTK Blog
- 10% Commission referral fee
- Featured Articles Promoting your Company
- Free workshops “CPR for Loving Couples” for your clients

Enroll:

Name _____

Organization _____

Address _____

City, State, Zip _____

METHOD OF PAYMENT

CHECK MONEY ORDER
(payable to The Hawaii Connection)

COMPANY PURCHASE ORDER ATTACHED
(please mail or fax to 808.396.9319)

VISA MASTERCARD

Card # _____ 3 Digit Code _____

Exp. Date _____ Signature _____

CHOICE OF PAYMENT SCHEDULE

\$5.00 / MONTH
($\$5.00 \text{ Month} \times 12 = \60.00)

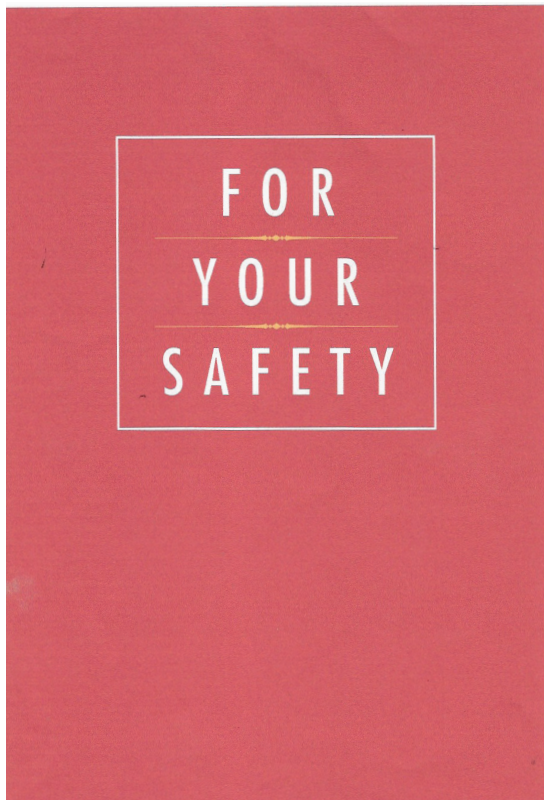
I agree to pay the Affiliate Program monthly fee on the 1st of every month using the credit card listed below. Initials _____

\$50.00 / ANNUAL
(Save \$10.00)

___ Check ___ Credit Card

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