

# PRICE LIST: FAX TO 847-412-0756

The Chicago Stress Relief Center, Inc., 899 Skokie Blvd., Suite 430, Northbrook, IL 60062, 847-412-0922

Cost                      Quantity

**PROTEIN SHAKE INGREDIENTS**

<b>Protein Powder</b>		
Biotics Rice Protein	\$35	_____
Biotics Whey Protein	\$36	_____
<b>Essential Oils</b>		
Omega Essential Balance 3.6.9	\$18.50	_____
Omega Virgin Coconut Oil	\$18.83	_____
<b>Fiber</b>		
Omega 3 Basic Master Nutrient	\$22.99	_____
Omega 3 Basic Joint Support	\$22.99	_____

**ESSENCE FORMULAS/Indications**

<b>Inside Out</b> (anxiety, fear, phobias, the reduction of sleep issues)	\$27	_____
<b>Fire</b> (hormonal imbalance, fatigue, inflammation, muscle spasm, bruises, cardiovascular disorders, fever, and weight issues)	\$27	_____
<b>Earth</b> (digestive disturbances, bloating, abdominal pain, gas, ulcers, and reflux)	\$27	_____
<b>Metal</b> (immune stress, sore throat, bronchial congestion/infections, intestinal complaints, yeast infections, wet & dry coughs, skin problems, and sinus congestions)	\$27	_____
<b>Water</b> (back pain, water retention, earaches, headaches, bladder and prostate infections, reproductive difficulties, and urinary difficulties in men)	\$27	_____
<b>Wood</b> (indigestion, fatigue, visual disturbances, joint problems, and abdominal discomfort. Symptoms of weakened liver detoxification are often associated with malaise, weakness and poor memory)	\$27	_____

**HOMEOPATHIC REMEDIES**

Nervoheel (100 tablets)	\$32	_____
Neurexan (100 tablets)	\$32	_____
Cerecomp (100 tablets)	\$32	_____

**SUPPLEMENTS**

Acute Immunity (30 capsules)	\$26	_____
Adrenal Balance (60 capsules)	\$47	_____
Chlorella (1000 tablets)	\$68	_____
COQ10 (120 softgels)	\$32	_____
iFlora (60 capsules)	\$34	_____
Living Fiber (200 capsules)	\$50	_____
Omega 3 Fish Oil (90 capsule)	\$26	_____
P & L Enzymes (180 and 90 capsules)	\$55; \$35	_____
Pure Radiance C (90 capsules)	\$26	_____

**THE WARRIOR WITHIN CD**

\$20                      \_\_\_\_\_

TAX: Tax is 2.25% for all supplements and 9.75% for the CD. Tax will be calculated on the total amount and charged to your credit card.  
 CREDIT CARD AUTHORIZATION (Signature also required on page 2):

Name	Name on Card		
Address: Street	City	State	Zip Code
Account Number	Exp. Date	3 digit code	Check One: Mastercard _____ Visa _____ Discover _____

Signature of Cardholder \_\_\_\_\_ Date \_\_\_\_\_

**CREDIT CARD AUTHORIZATION:**

This form authorizes The Chicago Stress Relief Center, Inc. to post charges to the account above for supplements or CD. By providing this information and signing above and below, I state that this is my credit card (or for Corporate Cards, I am an authorized signer) and that charges posted by The Chicago Stress Relief Center, Inc. for the stated products will be paid in accordance with the rules set forth by the credit card issuer. I agree to notify The Chicago Stress Relief Center, Inc. immediately of discrepancies found between my credit card statement and the authorized charges so that The Chicago Stress Relief Center, Inc. can correct or clarify any such discrepancies.

\_\_\_\_\_  
Card Holder Signature \_\_\_\_\_ Date \_\_\_\_\_