



State of Arizona Board of Chiropractic Examiners

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REQUEST FORM

ADDITIONAL FEES, PLEASE REFERENCE ARTICLE 13, R4-7-1301
MAIL REQUESTED ITEM TO THE FOLLOWING ADDRESS:

NAME/ATTENTION: _____

COMPANY NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ PHONE: _____ FAX: _____

- AGENDAS (I have enclosed \$25.00) (1 YEAR SUBSCRIPTION)
- MEETING MINUTES (Enclosed \$70.00) (1 YEAR SUBSCRIPTION)
- AGENDA AND MEETING MINUTES (I have enclosed \$95.00) (1 YEAR SUBSCRIPTION)

 ACTIVE PROFESSIONAL LIST (I have enclosed \$40.00 EACH) ALPHA ZIP CODE OUT-OF-STATE

ACTIVE PROFESSIONAL LABELS (I have enclosed \$40.00 EACH) ALPHA ZIP CODE OUT-OF-STATE

 CD OF BOARD MEETINGS (I have enclosed \$5.00 each)(ONLY available after each meeting) qty: _____

ARIZONA LAWS AND RULES BOOKLET (I have enclosed \$10.00 for each booklet) qty: _____

WILL THE DOCUMENTS OR LISTS YOU HAVE REQUESTED BE USED FOR A COMMERCIAL PURPOSE? YES OR NO (CIRCLE ONE)

IF YES, WHAT IS THE COMMERCIAL PURPOSE FOR WHICH THE DOCUMENTS OR LIST WILL BE USED? _____

Please **submit** a **copy** of this **form** along with your payment.

Please **make checks/money orders payable** to the
ARIZONA BOARD OF CHIROPRACTIC EXAMINERS

Thank you.

If you have any questions, please contact Ruby Kelley at (602) 864-5088, ext. 2