

MAILING LIST ORDER FORM

KENTUCKY BOARD OF CHIROPRACTIC EXAMINERS

P.O. BOX 183

GLASGOW, KY 42142-0183

Phone: (270) 651-2522

Fax: (270) 651-8784

Mailing List Order Form may be faxed with credit card payment information section completed, or mailed with check or money order to the address above. **PAYMENT MUST ACCOMPANY REQUEST.**

Please allow 2 weeks for processing.

<p>Choose: <input type="checkbox"/> Excel format <input type="checkbox"/> CSV format</p> <p>*Mailing list includes facility address of licensees. E-mails not provided.</p>
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E-mail to: _____

Check enclosed.

Pay via credit card.

Credit Card payment information:

Contact Name _____

Company Name _____

Address for credit card _____

City, State _____

Zip _____ **Phone** _____

Credit Card # _____

Exp. _____ / _____ **CVV** _____