

**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 OF \$35.00 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** \_\_\_\_\_