



State of Arizona Board of Chiropractic Examiners

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INVOICE/STATEMENT

TOTAL AMOUNT ENCLOSED: \$ _____

Additional fees, please reference Article 13, R4-7-1301

MAIL requested item to the following address:

NAME/ATTENTION: _____

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ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE _____

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- 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)

<input type="checkbox"/>	ACTIVE PROFESSIONAL LIST (I have enclosed \$40.00 EACH)	<input type="checkbox"/> ALPHA	<input type="checkbox"/> ZIP CODE	<input type="checkbox"/> OUT-OF-STATE
	<input type="checkbox"/> ALL <input type="checkbox"/> Dates _____			
	FROM			TO
<input type="checkbox"/>	ACTIVE PROFESSIONAL LABELS (I have enclosed \$40.00 EACH)	<input type="checkbox"/> ALPHA	<input type="checkbox"/> ZIP CODE	<input type="checkbox"/> OUT-OF-STATE
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- CD OF BOARD MEETINGS (I have enclosed \$5.00 each)(ONLY available after each meeting)
- ARIZONA LAWS AND RULES BOOKLET (I have enclosed \$10.00)
- OTHER REPRODUCTION COST {twenty-five cents (\$.25) per page}

Please **submit a copy** of this **invoice** 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. 14

BOARD STAFF USE ONLY

TOTAL AMOUNT DUE		DATE RECEIVED	DATE PRINTED	DATE MAILED
AMOUNT ENCLOSED Staff initials		RECEIPT NO	DATE START	DATE EXPIRE