

State of Arizona Board of Chiropractic Examiners

5060 North 19th Avenue Suite 416 • Phoenix, Arizona 85015 Voice: (602) 864-5088 FAX (602) 864-5099 TTY (800) 367-8939 (AZ Relay Service)

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INVOICE/STATEMENT

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	AL AMOUNT Additional fees, բ MAIL	Member • Patrice A	Francisco Heredia Member • • • Patrice A. Pritzl Executive Director						
NAME/ATTENTION: Address:		City:State:			<u>:</u>	Zip Code			
		AREA CODE							
	AGENDAS (I I	nave enclosed \$25.00) (1 YEAR	SUBSCRIPTION	ON)				
	MEETING MINUTES (Enclosed \$70.00) (1 YEAR SUBSCRIPTION)								
	AGENDA AND MEETING MINUTES (I have enclosed \$95.00) (1 YEAR SUBSCRIPTION)								
	CD OF BOAR	D MEETINGS (I have	e enclos	sed \$5.00 each)(ONLY ava	ailable after eac	n meeting)		
	(I have enclosed			□IN-STATE	□OUT-O	F-STATE			
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	(I have enclosed	FESSIONAL LABEI \$40.00 EACH) □Dates		□IN-STATE					
		FROM			TO				
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ARIZONA BOARD OF CHIROPRACTIC EXAMINERS

Thank you.

If you have any questions, please contact Merrie Jo Hamilton at (602) 864-5088, ext. 14 BOARD STAFF USE ONLY

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