

COLORADO CHIROPRACTIC ASSOCIATION

REQUEST to be added to ON-LINE SEARCHABLE CCA Vendor/Exhibitor Database and/or internal database
Please complete all the areas on the form below and FAX it to the CCA at (303) 755-1010 or mail to the address below

Company name: _____

Representative's Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

FAX Number: _____

E-mail address: _____

Web Site: _____

Product/Service (limit 4 words): _____

EMAIL the CCA (cca@coloradochiropractic.org) with your Product Description
up to 200 WORDS for posting on our searchable on-line vendor database *(or fax your description)*

Please add me to the CCA's INTERNAL Database ONLY (no charge)

Please add me to the CCA's ON-LINE SEARCHABLE database (\$10 per month fee)

\$10 MONTHLY MUST BE PAID AUTOMATICALLY - Please select an option below

CC#: _____ Exp. Date: _____
(MC, Visa, AMEX, or Discover)

OR deduct from my checking or savings account BANK NAME: _____

Account # _____ Routing#: _____
or submit voided check

I authorize the CCA to initiate, on or about the 20th of each month, debit entries to my credit card or bank account as specified above.
This agreement will remain in affect unless I notify the CCA in writing to cancel it. If cancelled, advertising/exhibiting options used prior to cancellation will be assessed appropriately.

Signature: _____ (Please print name): _____

Title: _____ Date: _____

\$180 annual fee option January to December (maybe be prorated if mid-year) Start Date: _____

Check enclosed *(Please make check payable to the CCA)* **OR** charge my credit card above

Colorado Chiropractic Association *The voice of Colorado chiropractic since 1917.*

8751 E. Hampden Avenue # B-7 Denver, CO 80231-4929

(303) 755-9011 or (800) 829-0339 - FAX (303) 755-1010

CCA@coloradochiropractic.org - **www.coloradochiropractic.org**