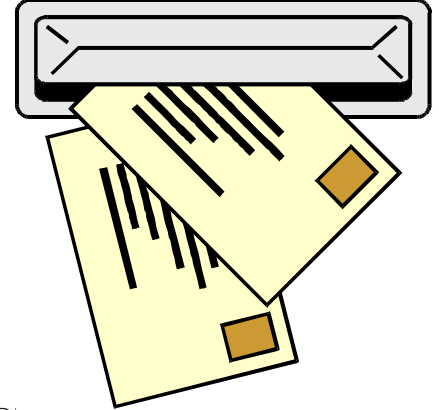


Mailing Labels/List Order Form

LABELS (includes doctor's name, office name, address, city, state, & zip)

- CCA Members only**
- Metro Denver (400+) \$110.00
 Colorado Statewide (700+) \$155.00
- All Chiropractors**
- Metro Denver (800+) \$170.00
 Colorado Statewide (1,600+) \$290.00



LISTS (includes doctor's name, office name, address, & phone #)

- | | | Paper List | On Disk/CD
or via E-mail (EXCEL file) |
|--------------------------|-----------------------------|-----------------------------------|--|
| CCA Members only | Metro Denver (400+) | <input type="checkbox"/> \$ 90.00 | <input type="checkbox"/> \$130.00 |
| | Colorado Statewide (700+) | <input type="checkbox"/> \$120.00 | <input type="checkbox"/> \$190.00 |
| All Chiropractors | Metro Denver (800+) | <input type="checkbox"/> \$130.00 | <input type="checkbox"/> \$210.00 |
| | Colorado Statewide (1,600+) | <input type="checkbox"/> \$210.00 | <input type="checkbox"/> \$370.00 |

updated 9-12-07

SORT BY: Zip Code Alphabetically by doctor's name

Complete below, *(be sure to sign usage-terms statement)*, include check or credit card number (Visa, Mastercard, or Discover) and mail, e-mail, or FAX to:

Colorado Chiropractic Association

The voice of Colorado chiropractic since 1917.

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

(303) 755-9011 FAX (303) 755-1010

e-mail: CCA@coloradochiropractic.org

Date of order: _____

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____ FAX: _____ E-mail: _____

Amount due: \$ _____ Check enclosed

Credit Card #: _____ Exp. Date: _____

(MC, VISA, AMEX, Discover)

Signature: _____ Date: _____

Reason for requesting lists/labels:

Payment of the above royalty entitles the recipient to a one-time use of the information provided. I agree to these usage-terms.

SIGNED: _____ DATE: _____