



SPECIAL SERVICES

Please mark the box of the item you are requesting below:

	Cal Chiro Member	Non Cal Chiro Member
<input type="checkbox"/> Copy of your CA CE Certificate* (applies to Cal Chiro District seminars)	\$5	\$25
<input type="checkbox"/> Copy of your QME Verification Form*	\$5	\$25
<input type="checkbox"/> Copy of your CCA/CCF DE/IDE Certificate*	\$5	\$25
<input type="checkbox"/> Out of State CE Submission Request (state) _____ (Allow 90 days prior to event date & contact Cal Chiro CE Dept)	\$25 + state fee	\$50 + state fee

Cal Chiro provides these services by retaining these items should you need copies. Cal Chiro makes compliance with the CA Board of Chiropractic Examiners and Industrial Medical Council easy.

Please complete this form with your payment information and **fax** it to Cal Chiro at (916) 648-2738.

Name _____

Address _____

City ST Zip _____

Ph: _____ Fax: _____ Email _____

*Seminar Name / Date _____

Cal Chiro Member

Non Member

Enclosed is my check for \$ _____.

Please charge \$ _____ to my card:

Visa Master Card Amex Discover Exp. Date _____

CC# _____ Signature: _____