



Ambassador Request Form

Thank you for contacting the California Board of Chiropractic Examiners Ambassador Program. Your answers to the following questions will enable us to determine how we can best assist you. A four (4) week advance notice is preferred. Please submit completed form by mail, fax, or to chiro.info@dca.ca.gov.
 PLEASE PRINT OR TYPE

Name of Organization _____

Topic of Presentation _____

Title of Event _____	Date _____	Time _____
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Address of Presentation _____

Type of Audience (i.e., students, licensees, consumers, etc.) _____

Anticipated Attendance _____	Duration of Presentation _____
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Length of Questions and Answer Period _____	Other Speakers at Event? _____
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Hope to achieve or goal for event _____

Briefly describe the services of your organization. Please provide literature or a fact sheet on your organization (if available). You may use the back of this form if needed.

Program Contact Person: _____

Address: _____

Telephone _____	Fax _____	E-mail Address: _____
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