

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA BOARD OF CHIROPRACTIC EXAMINERS
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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

N (0)		
Name of Organization		
Topic of Presentation		
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T4 (F)		
Title of Event	Date	Time
Address of Presentation		
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Type of Audience (i.e., students, licensees, consum	iers, etc.)	
Anticipated Attendance	Duration of Presentation	
Length of Questions and Answer Period	Other Speakers at Event?	
Length of Questions and Answer Fellou	Other Speakers at Event:	
Hope to achieve or goal for event		
Briefly describe the services of your organization. F	Please provide literature or a fact	sheet on your
organization (if available). You may use the back o		, , , , , , , , , , , , , , , , , , , ,
Program Contact Person:		
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Telephone Fax	E-mail Address:	

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