

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

Address of Presentation

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

Anticipated Attendance

Duration of Presentation

Length of Questions and Answer Period

Other Speakers at Event?

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: