

41801-0718

Ordered by: _____

OREGON BOARD OF NATUROPATHIC MEDICINE
800 NE OREGON ST., SUITE 407
PORTLAND, OR 97232
(971) 673-0193

LABEL, LIST, MAILING DISK REQUEST FORM

The cost for any one format of licensed naturopathic physicians is \$50.00. This payment must be included with any request. Send request with payment to Oregon Board of Naturopathic Medicine, at the address above. Please make check or money order payable to Oregon Board of Naturopathic Medicine. Please allow three to four days business days for turnaround; although they are often sent out within one day. Thank you.

Please mark choice below.

LICENSEES:

- Active
- Inactive
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ORDER:

- Alphabetical
- Zip Code

E-MAIL ADDRESS:

- E-Mail Addresses Included (Excel format only)

If you choose two or more formats, be certain to include a \$50.00 payment for each.

FORMAT**:

- List (paper)
- Labels (peel and stick)
- CD Format in XLS (Excel worksheet)
- E-Mail Attachment in XLS (Excel worksheet)

***** It is your responsibility to request the correct format, and understand how to access and use it.***

Refunds/ or exchanges cannot be allowed.

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