Public Records Request-Mailing List Contract

The Oregon Board of Massage Therapists makes available for purchase its mailing list of LMTs. There are approximately 7500 Active and 770 Inactive LMTs on the entire list. The actual count may vary due to new and lapsed licenses.

I understand and I agree that the information is provided in an Excel file, is authorized for only one distribution, and is not to be given or sold to any other individual or company.

Print Name: ______________________________________
Signature: ______________________________________ Date: ____________

Please mark the appropriate boxes:

<table>
<thead>
<tr>
<th>Status</th>
<th>State</th>
<th>Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td>Oregon Residents Only</td>
<td>Email:</td>
</tr>
<tr>
<td>Inactive</td>
<td>All Licensed OR LMT’s*</td>
<td>Email:</td>
</tr>
<tr>
<td>Both</td>
<td>*Maintain an OR License and may live in or out of Oregon</td>
<td>Email:</td>
</tr>
</tbody>
</table>

Company’s Name: _________________________________ Phone Number: ____________
Individual’s Name: _________________________________ LMT #: ____________
Mailing Address: __________________________________
City, State, Zip: _________________________________

By my signature below, I authorize the Oregon Board of Massage Therapists to debit my credit card or debit card the indicated authorized amount.

Signature ________________ Date ____________

Note: Once payment has been processed, please remove this section and shred

Check: (Make payable to OBMT)
Check #: ____________ Amount: $100.00

Please circle option:
Visa / MasterCard
Card #: __________________ Exp Date: ____________
V-code: ______ (for Visa only, reverse side of card)
Authorized Amount to Charge: $100.00
Billing Address of Card: Street #: ____________ Zip Code: ____________
(Example: Write 728 for 728 Hawthorne Ave NE. Do not write the entire address.)

Complete and Return to: OBMT 728 Hawthorne Ave NE, Salem, OR 97301 or via fax at 503-385-4465