



Oregon Board of Naturopathic Medicine 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 each request. Send request with payment to Oregon Board of Naturopathic Medicine, at the address below. Please make check or money order payable to Oregon Board of Naturopathic Medicine. Please allow three to four business days for turnaround; although they are often sent out within one day. Thank you.

Ordered by: _____

Please mark choice below.

LICENSEES:

- Active
- Inactive
- Active and Inactive (comes as one file)

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, not formatted)
- Labels (peel and stick, 30 per page)
- USB-XLS (Excel) format only
- E-Mail Attachment in XLS (Excel) only

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

Refunds/ or exchanges cannot be allowed.

SEND TO:

NAME: _____

ADDRESS, CITY, STATE, ZIP: _____

PHONE NUMBER: _____

EMAIL: _____

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