

PRESENTER APPLICATION

Please complete all sections and return to the AAC office by email at admin@azchiropractic.org or by mail at 4315 N. 12th Street, Suite 200, Phoenix, AZ 85014. If you have any questions, contact us at (602) 246-0664.

Presenter Name _____

Address _____

City/State/ZIP _____

Phone _____ Cell _____

Email _____

Company _____

Website _____

SUBJECT MATTER:

Has presentation been approved by Arizona Chiropractic Board of Examiners? N Y

AZCE#: _____

Number of CE approved hours, if any: _____

What supplies/equipment do you require for your seminar? _____

For AAC Executive Committee Use Only

APPROVED DENIED

Approved by: _____

Notes: _____

Date: _____