

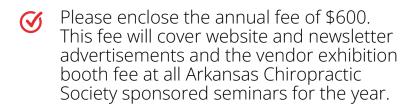
POSTGRADUATE & CONTINUING EDUCATION



VENDOR APPLICATION

Name of Company:	
Name of Site Representative:	
Mailing Address/City/State/Zip:	
Email:	
Website:	

OPTION 1



OPTION 2

Please enclose \$300 for an individual vendor exhibition booth fee that will cover one Arkansas Chiropractic Society sponsored seminar.

Mail the application and applicable fee to the following address:

(V)

Arkansas Chiropractic Society, PO Box 10213, Fort Smith, AR 72917

You may either forward a hardcopy of your advertisement to the above address, or you may email your file to acsexecsec@cox.net.

> ANY QUESTIONS, PLEASE CONTACT ACS EXECUTIVE DIRECTOR, PAULETTE KAELIN



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