



1. Corporate Affiliate Benefits

- ✓ Allowed to distribute company's literature and materials
- ✓ 1 Complimentary entrance to all meetings (11 times per year)
- ✓ Verbal recognition at each meeting as a Corporate Affiliate
- ✓ Company's logo on website and email communications

2. Corporate Affiliate Information

Name of Company _____
Representative Name _____ Title _____
Phone No. _____ Fax No. _____
E-mail _____ Web _____
Signature _____ Date _____

3. Payment information

Please charge my credit card. Total Amount \$ _____
Type: Visa - Mastercard - American Express - Discover - Diners Club
Credit Card# _____ Exp. _____ / _____
Billing Address _____
City _____ ST _____ ZC _____
Name as it appears on card _____

Check enclosed for \$ _____.

Please make check payable to Dade County Chiropractic Society and mail to:
P.O. Box 191372, Miami Beach, FL 33119

Thank You.