

PLEASE RETURN BY MARCH 30, 2010
Fax: 281-991-4981 or E-mail: nhurley@txchiro.edu

Doctor's Name: _____ Phone: _____

Name of Practice: _____ Fax: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Treatment/Diagnostic modalities used (i.e. Diversified, SOT, Activator, etc.):

Position(s) available: _____

Date Available: _____

Duties to include:

Please include any other relevant information about your practice, philosophy or geographic area that would be helpful or informative for students:

Nikki Hurley, Alumni & Development Coordinator
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281-998-6060 (o) • 281-991-4981 (f)