



LABEL REQUEST FORM

For current Licensed Massage Therapist in Mississippi unless otherwise requested. Upon completion of this form and receipt of the required money order or cashier's check, your request will be granted or denied according to Board guidelines and procedures.

Please select label format:

	\$50.00	Excel Format
	\$75.00	One (1) set of Avery 5960 Labels

Please select content:

	<u>Current</u> Licensed Massage Therapist with home mailing addresses and email addresses
	<u>All</u> Licensed Massage Therapist with home mailing addresses and email addresses (including active, expired, retired and inactive)

Mail request and required fee to: MSBMT, PO Box 20, Morton, MS 39117

Business Name: _____

(and/or)

Provider Name: _____ Provider Number: _____

Address: _____

City/State/Zip: _____

Telephone: () _____ Fax: () _____

Email: _____ website: _____

I understand by signing below that email/address and/or labels received from MSBMT may only be used for the advertising of Programs approved by the MS State Board of Massage Therapy for Continuing Education credit and for no other reason. The labels will only be used by me and shall not be transmitted in any way to another person or company.

Signature: _____ Date: _____