

PIERCE RESULTS SYSTEM PRACTITIONER'S LIST

Name\_\_\_\_\_

Business Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

Phone Number\_\_\_\_\_ Cell(optional)\_\_\_\_\_

E-mail Address\_\_\_\_\_

Website\_\_\_\_\_

BACKGROUND - Your background and experience in the Pierce Results System.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EQUIPMENT - Equipment utilized in your day-to-day practice (ie. DTG, x-ray, adjusting instrument, adjusting table, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER TECHNIQUES - Techniques other than the Pierce Results System that you utilize in your day-to-day practice.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete and return with a check for \$65.00 (annual advertising fee, printed and on-line version) to address below. Please feel free to contact me with any questions at 407-682-1880 or e-mail at [rjcccsi@aol.com](mailto:rjcccsi@aol.com).

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Thank you,

Jeff