INTENT OF USE EMAIL LIST PURCHASE FORM

VENDOR NAME		
ADDRESS		
PHONE NUMBER		
I HONE NUMBER		
EMAIL		
	(Please type or print the email address)	

For what purpose are you requesting a list of social worker or marriage and family therapists from the Mississippi Board of Examiners for Social Workers and Marriage and Family Therapists? Please note that the Board allows use of its list for the sole purpose of informing licensees of continuing education offerings and training or job opportunities only.

Check all that applies:	Fees
Social Work List (email addresses only)	100.00
Marriage & Family Therapy List (email addresses only)	50.00
Total Cost: \$	_
Please make the business check, cashier's check or money order payable to: MBOE	2
Format: Microsoft Excel, Sent via Email	
Agency Head Name and Title:	
printed or typed	
Agency Head Signature:	
Date:	