



# LOUISIANA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

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[WWW.LBESPA.ORG](http://WWW.LBESPA.ORG)

## MAILING LIST REQUEST

A Disclaimer will be emailed upon receipt of this request form and must be completed before the list may be sent. The purchase of the list is for a ONE TIME USAGE. The mailing list only includes names, addresses, and email addresses, which are five cents each.

Requestor's Name \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Contact Number \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Email Address \_\_\_\_\_

### License Category Requested:

- AUD
- SLP (masters level)                       SLP Asst. (bachelor level)

### State(s) Requested:

- ALL     LOUISIANA RESIDENTS ONLY

Payments may be made via check, money order or credit card. If you wish to pay via credit card, the following information must be completed.

Name on Card: \_\_\_\_\_

Address if different than above:

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

Card Type:     Visa     MasterCard     Discover

Card Number: 

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Expiration Date:

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3-digit Security Code (on back):

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