



RELOCATION PACKET REQUEST

Please send a relocation packet to me as soon as possible:

Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Other Information: _____

My check for \$12.00 is enclosed **OR**

Please charge my:

VISA MasterCard # _____

Three Digit Code _____ Expiration Date: _____

Name as shown on Card: _____

Signature

Date

205 Fern Valley Road, Suite M-1
PO Box 998
Phoenix, OR 97535

Phone: (541) 535-6956
Fax: (541) 535-5210
Email: phoenixoregonchamber@opus.net