LOUISIANA BOARD OF EXAMINERS IN DIETETICS AND NUTRITION

Towne Park Centre ♦ 37283 Swamp Road, Suite 3B ♦ Prairieville, Louisiana 70769
Office: (225) 313-6590 ♦ Fax: (225) 313-6991 ♦ Email: admin@lbedn.org ♦ Web: www.lbedn.org

MAILING LIST REQUEST

Requestor's Name _____

Company Name _____

Address _____

_____

Contact Number _____

Fax Number _____

Email Address _____

DISCLAIMER

_____ agrees to pay the Louisiana Board of Examiners in Dietetics and Nutrition **$100.00** for a list that contains names and addresses of all **dietitian/nutritionists** licensed by the State of Louisiana **(approximately 1290)**. It is understood that payment is for a **ONE TIME** use of the information and may not be sold or redistributed for any reason. Furthermore, it is understood that the database is updated on a daily basis; therefore, the number of licensees on the list is subject to change without prior notice.

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: _____

Card Type: ☐ Visa ☐ MasterCard ☐ Discover

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3-digit Security Code (on back): | | | |

Signature: _____