



Connecticut Chiropractic Association

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INVITATION TO BUILD A CONNECTICUT CHIROPRACTIC ASSOCIATION, INC.
MEMBER WEB SITE ("GOLDSITE")

Goldsite Questionnaire

Member Doctor Name: _____

Website address (URL): _____

Email address: _____

Phone number: _____

Requesting photo shoot from titanium, inc.: [] YES [] NO

Contact person's name and number for photo shoot scheduling: _____

Where (what website) did you register your domain name?: _____

In order for cdevision to direct your GoldSite template to your specific website address, they will need to enter your registration account to redirect the DNS (Domain Name Server). Please provide the following for this purpose only. If you do not remember please contact your registration website for this information.

User name: _____ Password: _____

Credit Card payment: Credit Card type: [] Master Card [] Visa

Card Number: _____ - _____ - _____ - _____ Exp. Date: ____ - ____

Amount: \$ _____ Security Code (Three/Four digit On back of Credit Card) ____ __

Signature: _____ Date: _____

Cardholder's Billing Address and Zip Code:

Name as appears on Card: _____

Address: _____

City _____ State _____ Zip _____ (+4) _____

CTChiro Use:

Received Date: _____ Amount: \$ _____ Initial Payment: [] Yes [] No

Final Payment Date: _____ Amount \$: _____

Photoshoot Request sent to titanium: [] Yes [] No Date: _____

Notes: _____
