Core Body Imaging
Affiliate Location Application

Business Information

- Business Name: _____
- Business Address: _____
- Business Website:_____
- Type of Business / Description: _____

  _____

  _____

Primary Contact Person

- Full Name: _____
- Position/Role (Manager or Person in Charge): _____
- Phone Number: _____
- Email Address: _____

Scheduling Preferences

- Preferred Days: _____
- Preferred Times: _____

Additional Contact (if different)

- Name: _____
- Phone Number: _____Email: _____

Notes / Special Requests

_____

_____