

Oregon Insurance Code 2004 Order Form

Cost of Code: \$25.00 each mailed (includes shipping) \$20.00 each picked up

Number of copies requested: _____

Format preference: Bound Looseleaf

Payment

CHECK / MONEY ORDER

Make payable to: DCBS

Mail to: Insurance Division
 Attn: Sue Munson
 350 Winter Street NE, Room 440
 Salem, OR 97301-3883

VISA / MASTER CARD

Call: Sue Munson at (503) 947-7272 to process order

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Questions

Contact: **Sue Munson, at (503) 947-7272**
 Insurance Division
 350 Winter Street NE, Room 440
 Salem, OR 97301-3883
 Email: paulesue.munson@state.or.us