

The Council on Chiropractic Education (CCE)

GUEST CONFIDENTIALITY AGREEMENT

I, _____, as a guest observer to the Council on
(Print Name)

Chiropractic Education (CCE) meetings, hereby understand that any and all information, documents or other related matters concerning CCE activities must be kept confidential. This confidentiality will be maintained unless authorization (in writing) is given by the CCE President or the Council Chair to state or provide specific information. Further, I will not discuss, for any reason whatsoever, documents, paper or other information relating to the CCE or member programs or institutions or related CCE materials. If this agreement is breached, I will be responsible for any and all damages and/or all legal costs resulting or arising there from.

I certify that I have read, understand, and agree to comply with, the above.

SIGNATURE

DATE

Return to:

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