

Find Online Registration, complete CE information & updates at [www.wichiro.org](http://www.wichiro.org)  
Or Register by mail: WCA, 521 East Washington, Madison WI 53703; Fax: 608-256-7123; Phone: 608-256-7023

#### COURSE OVERVIEW

These 4-hour seminars are packed full of educational and practical information. Each course starts with an overview of current protocols for each condition, followed by exam features, assessment, nutritional options, treatment strategies and active care options. Case studies will be presented, and DCs are encouraged to bring their own case studies for discussion.

**Steven G. Yeomans, DC, FACO**, practices chiropractic in Wisconsin, and educates on orthopedics, industrial consulting, outcomes assessment and rehabilitation across the continent. He graduated cum laude from National College of Chiropractic, completed a five-year residency in orthopedics and became board certified in 1985. Dr. Yeomans' Ripon-based practice emphasizes the treatment of orthopedic and sports related injuries.)

#### LOCATION/LODGING

Holiday Inn Fond du Lac, 625 W Rolling Meadows Dr, Fond du lac, WI 54937  
A small block of rooms is set aside for WCA class participants at a rate of \$95. Call Holiday Inn at 920-923-1440 to reserve.

#### SCHEDULE

8:00 am - 12:00 pm Carpal Tunnel (4 CE DC)  
12:00 pm - 1:00 pm Lunch break (lunch is on your own)  
1:00 pm - 5:00 pm Lumbar Stenosis (4 CE DC)

#### REGISTRATION & FEES

	Member	Nonmem-ber	Early Bird Discount (7+ days prior)
<input type="checkbox"/> Carpal Tunnel 4 CE	\$95	\$115	\$10 off
<input type="checkbox"/> Lumbar Stenosis 4 CE	\$95	\$115	\$10 off
<input type="checkbox"/> BOTH Sessions (save!)	\$180	\$220	\$20 off
<b>Amount Due: \$</b>			

#### REGISTRATION GUIDELINES

PRE-PREGISTRATION recommended. You may register onsite if space is available.

REFUNDS, less \$15 administrative fee, until 7 days before event. 50% refund 2-6 days before event. No refund day before or day of event. FOR THOSE RECEIVING FREE CE No fee to cancel 7 or more days before event. \$25 fee to cancel 2-6 days before event. \$50 fee to cancel day before, day of event, and for no-shows.

## ATTENDEE INFORMATION

PLEASE TYPE OR PRINT CLEARLY

First & Last Name \_\_\_\_\_ WCA Member? Y / N  
Clinic Name \_\_\_\_\_ Supervising DC \_\_\_\_\_  
Clinic Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone with area code \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email (required for confirmation) \_\_\_\_\_

## PAYMENT INFORMATION

**TOTAL DUE \$**

Method:  Visa  MasterCard  Discover  Amex  Check Payable to WCA CK# \_\_\_\_\_  
Credit Card # \_\_\_\_\_ CVV Code \_\_\_\_\_  
Name on Card \_\_\_\_\_ Expiration \_\_\_\_\_ / \_\_\_\_\_  
Billing Address on Card \_\_\_\_\_