

**Presenting "Mastering the Assessment & Management of Rotator Cuff, Shoulder, & Elbow Problems"**

*By Brandon Steele DC, FACO – 6 CE hours – 7:30 AM – 4:30 PM – includes breakfast & lunch*

*A practical 6-hour workshop outlining everything participants need to know about successfully treating shoulder and elbow problems. Reviews the current "best practices" for evaluation, treatment and home rehab. You'll leave this class with a greater understanding and confidence about how to manage the most common problems that affect the shoulder and upper extremity.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Chiropractic Office \_\_\_\_\_ DC – Lic # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Registration Fees	February Special	March Special	April Price	Number	Total Cost
<b>DC Member</b>	\$159	\$199	\$219		
<b>Students</b>	\$70	\$70	\$70		
<b>Nonmember</b>	\$219	\$259	\$279		
<b>Total due</b>					

**Information for Additional Attendees**

Print Name (for Name Badges)

CT Lic #

Email

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Payment Information**

Enclosed Is A Check (Made Payable To CCA)

Enclosed is a credit card payment

Name on Card \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

CREDIT CARD  Master Card  Visa  AMEX  Discover

CREDIT CARD NUMBER \_\_\_\_\_

EXP Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CSV \_\_\_\_\_

**Fax to 860-257-0406 or mail: Connecticut Chiropractic Association, PO Box 785, Portland, CT 06480.**

**To register by phone: call 860-257-0404.**

***Cancellation Policy:** Cancellations must be submitted in writing. If received prior to March 30<sup>th</sup>, you will receive a refund with a \$50 administrative fee reduced from your paid price. No refunds will be given after March 30<sup>th</sup>.*