

CTChiro Centennial Tickets & 2018 Fall Conference Registration

Name _____ Date _____

Office _____ DC – Lic # _____

Mailing Address _____

City _____ State _____ Zip _____

Office Phone: _____ Fax: _____ Cell Phone _____

Email: _____

| Fall Conference Discounted Pricing deadlines | | Now to 6/30/2018 | 7/1/2018-8/31/2018 | 9/1/2018-9/22/2018 | 9/23/2018-10/11/2018 |
|--|------------|------------------|--------------------|--------------------|----------------------|
| With Purchase of \$100 Centennial Ticket | Member | \$100 | \$125 | \$150 | — |
| | Non-Member | \$160 | \$185 | \$210 | — |
| Fall Conference Registration only | Member | \$145 | \$170 | \$195 | \$219 |
| | Non-Member | \$205 | \$230 | \$255 | \$279 |

Centennial Tickets - Individual (1 attendee with 1 Fall Conf. Discount) _____ X \$100 = Total \$ _____

Centennial Tickets - Couple (2 attendees with 1 Fall Conf. Discount) _____ X \$175 = Total \$ _____

Additional Attendee Names _____

Fall Conference Registrations - # of Drs. Attending _____ X price from chart \$ _____ = Total \$ _____

Additional Attendee Names & License no. _____

Enclosed Is A Check (Made Payable To CCA) or Credit Card info below Total of Payment \$ _____

Name on Card _____

Billing Address (if different) _____

City _____ State _____ Zip _____

Email _____ Phone _____

CREDIT CARD (circle type) Master Card Visa AMEX Discover

CREDIT CARD NUMBER _____

EXP Date: ____ / ____ / ____ CSV _____

Fax to 860-257-0406 OR mail to: CCA, PO Box 785, Portland, CT 06480 OR Call 860-257-0404
 Email: CTChiroAssociation@Gmail.com with questions