



Kansas Chiropractic Association Spring Convention

Sunday, April 22, 2018

CHIROPRACTIC ASSISTANT (CA) REGISTRATION FORM

CA NAME _____ DOCTOR _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ CA EMAIL*: _____

*Please provide an email address different than your doctor's email address.

KCA Full member MUST BE REGISTERED in order for the CA to qualify for the Free Registration.

PACKAGE OPTIONS	<i>Registered Doctor Early Bird</i>	<i>Registered Doctor After 4/6/18</i>	<i>Not Registered Doctor Early Bird</i>	<i>Not Registered Doctor After 4/6/18</i>	<i>At Door 4/22/2018</i>
CA of KCA PLUS Member	FREE	FREE	FREE	FREE	\$25
CA of KCA Member:	FREE	FREE	\$25	\$50	\$50
CA of KCA Nonmember:	\$50	\$75			\$75

Sunday, April 22nd from 8 am-12 pm (4 CEUs)

- 8:00-11:45 am – Skill Builders (Category 2 CE)**
- 8:00-8:45 AM – Charitable Healthcare**
- 9:00-9:45 AM – IT Security in Your Chiropractic Office**
- 10:15-11 AM – Performance Management: The Key to Employment Development**
- 11:00-11:45 AM Respectful Workplace: Valuing Diversity**

PAYMENT INFORMATION

Make Check Payable to KCA
 Check # _____ or Credit Card
 MC VISA DISCOVER AMEX
 Number: _____

Exp. _____ CVV# _____

Signature: _____

Total Enclosed: \$ _____

**Mail completed registration form
with payment to:**

Kansas Chiropractic Association
 1334 S. Topeka Blvd.
 Topeka, KS 66612

Registrations can also be faxed to
 (785) 233-1833.

For more information, contact the Kansas
 Chiropractic Association at kca@kansaschiro.com or
 by phone at (785) 233-0697.