

REGISTRATION FORM

Sat. & Sun., Dec. 2-3, 2017

CLINICAL POSTURE ASSESSMENT, THERAPY & EXERCISE

Sheraton Tysons Corner, Vienna, VA

PLEASE USE A SEPARATE FORM FOR EACH PERSON

Name _____ If Staff, DC's Name _____

Practice Name _____

Street _____ City, State, Zip _____

Phone _____ Fax _____

Email _____

CHECK ATTENDEE TYPE:

UVCA Mbr DC UVCA Premier Mbr DC Non-Mbr DC

CA/Chiropractic Office Staff PT CPT MT

	EARLYBIRD	REGULAR	LATE
	<u>By Nov 1</u>	<u>Nov 2-24</u>	<u>After Nov 24</u>
UVCA Member DC	\$229	\$269	\$309
UVCA Premier Member DC	\$199	\$239	\$279
Non-Member DC	\$269	\$309	\$349
CA, Office Staff (PT, CPT, MT) with Reg'd DC *	\$125	\$165	\$205
CA/Office Staff (PT, CPT, MT) without Reg'd DC *	\$229	\$269	\$309

* *Regardless of DC's membership status*

Above Fee Includes Light Continental Breakfast

AMOUNT DUE FROM ABOVE: \$ _____

Visa MC Discover AMEX

CC# _____ Exp _____ Security Code _____

Name as it appears on Card _____

Billing Street _____ City, State, Zip _____

Signature _____ Date _____

Cancellations: If written notification of cancellation is received at least 72 hours prior to the seminar, payment will be refunded, less a \$35 processing fee. No refunds or credits will be issued within 72 hours of program.

FAX completed form to 540-932-3101, MAIL to VCA, PO Box 15, Afton, VA 22920, or REGISTER ONLINE at www.virginiachiropractic.org.

QUESTIONS? Call 540-932-3100.