



Tennessee
Chiropractic
Association

2017 Spring Seminar Registration Form

PLEASE—ONE REGISTRANT PER FORM ONLY.

April 1-2, 2017 - Available Seminars:

Doctor Seminar: Saturday, 8am - 5pm ET
Sunday, 8am - 12pm ET
Doctor Boundaries: Saturday, 8am - 2pm ET

CXT Seminar: Saturday, 8am - 3pm ET
CTA Seminar: Sunday, 8am - 2pm ET
CTA/CXT Boundaries: Saturday, 3pm - 5pm ET

Attendee Name: _____
 Title: **DC** - TN Lic. #: _____ **CTA** - TN Lic. #: _____ **CXT** - TN Lic. #: _____ **CA**
 Membership: **TCA Member?** Yes No **CAT member?** Yes No
 Practice/Doctor's Name: _____
 Office Phone: _____ Office Fax: _____
 E-mail Address: _____
 Office Address: _____
 City, State, Zip: _____
 Emergency Contact: _____ Relation: _____ Phone: _____
 Check if you have a disability requiring assistance; please describe: _____

DOCTOR REGISTRATION & FEES

12 Hours CE — Saturday and Sunday
 Early Bird (Prior to Mar 17) Late/At Door (After Mar 17)
 TCA Member: \$250.00 TCA Member: \$300.00
 NON Member: \$350.00 NON Member: \$400.00

8 Hours CE — Saturday Only
 Early Bird (Prior to Mar 17) Late/At Door (After Mar 17)
 TCA Member: \$170.00 TCA Member: \$220.00
 NON Member: \$240.00 NON Member: \$290.00

4 Hours CE — Sunday Only
 Early Bird (Prior to Mar 17) Late/At Door (After Mar 17)
 TCA Member: \$85.00 TCA Member: \$135.00
 NON Member: \$120.00 NON Member: \$170.00

Doctor Boundaries — 6 Hours (Sat.)**
 Boundaries, Risk Management & Jurisprudence \$150.00
 SUBTOTAL DUE \$ _____

CTA/CXT REGISTRATION & FEES

CAT Membership (renewal or new) \$50.00
 Enclose application if new member

CTA/CXT Boundaries — 2 Hours (Sat.)** \$75.00
 Boundaries, Risk Management & Jurisprudence

CTA — 6 Hours CE (Sun.)
 Early Bird (Prior to Mar 17) Late/At Door (After Mar 17)
 CAT Member: \$100.00 CAT Member: \$150.00
 NON Member: \$150.00 NON Member: \$200.00

CXT — 6 Hours CE (Sat.)
 Early Bird (Prior to Mar 17) Late/At Door (After Mar 17)
 CAT Member: \$100.00 CAT Member: \$150.00
 NON Member: \$150.00 NON Member: \$200.00

SUBTOTAL DUE \$ _____

Payment Options:

Total Amount Enclosed \$ _____
 Check #: _____
 Gold Member Benefit
or Charge my card below:

CC#: _____ Exp: _____ / _____
 Billing address if different from above: _____ Zip: _____
 Name on Card: _____ Signature: _____

Seminar Location: Hilton Knoxville Airport * 2001 Alcoa Hwy., Alcoa, TN 37701 * Ph: (865) 970-4300
 For reservations, [click here \(needs correct link\)](#) or call the hotel.

Please be aware that photographs may be taken throughout this event for use in future TCA approved publications, promotions, presentations, and/or any other media formats.

Like the TCA
Facebook Page!



Please return this form with payment to: TCA, 2123 8th Avenue South, Nashville, TN 37204
 PHONE 615-383-6231 * FAX 615-383-6233 * TCA@TNChiro.com * www.TNChiro.com
 Registration not valid unless accompanied by payment. All fees are non-refundable and non-transferable.

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TCA NOTES GO PAPERLESS!

Unless otherwise requested, all notes will be provided electronically.

If you wish to receive printed notes, please add \$10 to your total.

I would like to pick up printed notes at check-in.

** All notes for Boundaries/Ethics Courses will be provided in printed form at no charge.