



2019 December Seminar Registration Form

PLEASE—ONE REGISTRANT PER FORM ONLY.

December 7-8, 2019

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

CTA Seminar: Saturday, 8am - 3pm CT
CTA/CXT Boundaries: Saturday, 3pm-5pm CT

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 Nov 22) Late/At Door (After Nov 22)

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 Nov 22) Late/At Door (After Nov 22)

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 Nov 22) Late/At Door (After Nov 22)

TCA Member: \$85.00 TCA Member: \$135.00

NON Member: \$120.00 NON Member: \$170.00

SUBTOTAL DUE \$ _____

I am participating in the Orthopedic Diplomate program. (TN course 2 of 5 10-hr. courses)

CTA/CXT REGISTRATION & FEES

CAT Membership (renewal or new) \$50.00

Enclose application if new member

CTA — 6 Hours CE (Sat.)

Early Bird (Prior to Nov 22) Late/At Door (After Nov 22)

CAT Member: \$100.00 CAT Member: \$150.00

NON Member: \$150.00 NON Member: \$200.00

SUBTOTAL DUE \$ _____

BOUNDARIES/ETHICS REGISTRATION & FEES

Doctor Boundaries — 6 Hours (Sat.)**

Boundaries, Risk Management & Jurisprudence \$150.00

CTA/CXT Boundaries — 2 Hours (Sat.)** \$ 75.00

Boundaries, Risk Management & Jurisprudence

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: _____

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.

Seminar Location: Nashville School of Law - 4013 Armory Oaks Drive, Nashville, TN 37204 - Ph: (615) 256-3684

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.



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.