

CXT Continuing Education

Dates: September 26, 27 or October 10, 2020

Location: TBA (Nashville)

All session times are from 8:00am - 3:00pm CT.

ATTENDEE INFORMATION

Please copy for additional registrants.

Please print or type:

CXT's Name: _____ Practice Name: _____

Office Address: _____

City, State, Zip: _____

Office Phone: _____ Office Fax: _____

Email Address: _____

CAT Member: Yes No

Interested in CAT membership?

You may attend on any of these dates for CE at the rate of \$100 CAT Member/\$150 CAT Non-Member per session. You will need to provide signatures to verify attendance of six (6) hours on the day you attend.

Please indicate which session you will be attending :

Sept. 26 Saturday Sept. 27, Sunday

Oct. 10, Saturday

*Space is limited. Please register at least one (1) week prior to your chosen date.

Please visit our
website for more
information at
[www.tnchiro.com!](http://www.tnchiro.com)

PAYMENT OPTIONS :

TOTAL AMOUNT ENCLOSED: \$ _____

Check enclosed payable to the TCA Or charge to:

Card No. _____ Exp. Date: _____

Billing Address: _____ Zip: _____

Signature: _____

Print Name: _____

(All fees are non-refundable and non-transferable.)

Mail or Fax Registration Form & Fee to:

Tennessee Chiropractic Association • 2123 8th Avenue South Nashville, TN 37204

Phone: (615) 383-6231 • Fax: (615) 383-6233 • Email: tca@tnchiro.com