

**PLEASE-ONE REGISTRANT PER FORM ONLY.**

Attendee Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

- TCA Member       TCA Gold Member       CAT Member  
 DC Student       CTA/CXT Intern  
 DCTN Lic. # \_\_\_\_\_       CTA Lic. # \_\_\_\_\_       CXT Lic. # \_\_\_\_\_       LMT Lic. # \_\_\_\_\_

Member of another state's association? We are pleased to extend to you our member pricing.

- Member of other state association

Association Name \_\_\_\_\_

Additional state DC license & license # \_\_\_\_\_

Office Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

If you have a disability requiring assistance; please describe: \_\_\_\_\_

**INDIVIDUALS ARE RESPONSIBLE FOR COMPLYING WITH STATE LICENSURE REQUIREMENTS, SCANNING REQUIRED FOR ATTENDANCE VERIFICATION.**

**SOME SESSIONS MAY BE LIMITED TO A MAXIMUM NUMBER OF ATTENDEES, NO EXCEPTIONS. SEATING WILL BE FIRST COME, FIRST SERVED. (SEE WEBSITE FOR DETAILS)**

**SCC ELECTRONIC NOTES**

Notes will be available to all registrants in an electronic format for download and/or printing.

You will receive an email in advance of the SCC with information to access your notes. We encourage you to download and/or print your notes in advance of the conference.

Please notify the TCA if you do not receive your email by 8/16.

Printed notes will only be provided for TCA Boundaries, Ethics and Jurisprudence courses.

**STUDENTS & NEW DOCTORS**

We are pleased to invite chiropractic students or doctors newly licensed in 2024 to attend standard educational sessions (excluding their required Boundaries/Ethics course) at no charge.

**Seating is limited, register in advance to take advantage of this offer.**

**REQUIRED ACKNOWLEDGEMENT**

*(box must be checked in order for registration to be accepted)*

- By registering for and attending this event, I acknowledge:

- 1) that exposure to COVID-19 is an inherent risk in any public location where people are present and the TCA cannot guarantee I will not be exposed during my visit,
- 2) my shared responsibility to reduce the risk to myself and others,
- 3) and that I agree to TCA event policies on behalf of myself and those with whom I am attending and/or traveling.

**EDUCATION/TICKET TOTALS:**

Education total (from other side of form)	\$ _____
CAT Membership new/renewal (add \$50)	\$ _____
TCA Gold Member Benefit (deduct \$250)	\$ _____
<input type="checkbox"/> Chiropractic Excellence Luncheon (\$20/each)	\$ _____
<input type="checkbox"/> Saturday Social: NashVegas Game Night (Additional ticket(s) \$30/cach)	\$ _____
After 8/02, add \$50 to your total	
After 8/20, or at the door registration, add \$100	\$ _____
<b>TOTAL REGISTRATION AMOUNT</b>	<b>\$ _____</b>

**PAYMENT OPTIONS:**

- Use my Gold Member Benefit      Check #: \_\_\_\_\_

Charge my card below:

CC# \_\_\_\_\_ Exp: \_\_\_\_\_

CW/CID Code (3 or 4 digits on back of card): \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

Zip: \_\_\_\_\_

Name on card: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

**PLEASE RETURN THIS FORM WITH PAYMENT TO:**

**TCA: 2451 Atrium Way, Suite 103, Nashville, TN 37214 • Email: tca@tnchiro.com • Fax: (615) 383-6233**

Registration not valid unless accompanied by payment. All fees are non-refundable/non-transferable. Registration submission indicates acceptance of SCC policies. See conference website for details. Please be aware that photographs/video will be taken throughout this event for use in future TCA approved publications, promotions, presentations and/or any other media formats.

## DC Registration

	TCA Member, by 8/02	NON Member, by 8/02
<input type="checkbox"/> <b>Weekend Advantage</b> <i>Best Value!</i> (24 hrs. of education)	\$500	\$600
<input type="checkbox"/> I will be attending the Acupuncture session as part of my Weekend Advantage.		
<input type="checkbox"/> I will attend Friday's DC/CTA Adv./LMT Course as part of my Weekend Advantage. 8am-3pm CT	<i>This is a 6-hour course, so you would then join the General Session for the final 2 hours of education.</i>	
	<i>As there is limited seating for this course, please help us be prepared by denoting that you plan to attend.</i>	

	TCA Member, by 8/02	NON Member, by 8/02
<input type="checkbox"/> <b>Choose Your Weekend</b> 4 hrs. sessions. How many sessions? _____	\$100	\$150
<b>Please circle the sessions you will be attending:</b>		
Fri. AM	Fri. PM	Sat. AM
Sat. PM	Sun. AM	Sun. PM
<input type="checkbox"/> I will attend Friday's DC/CTA Adv./LMT Course 8am-3pm CT	<i>Choosing this option would be considered two 4-hr. sessions. Circle Fri. AM and PM above.</i>	
<i>As there is limited seating for this course, please help us be prepared by denoting that you plan to attend.</i>	<i>As this class is a 6-hour course, when it is over, you would then join the General Session for the final 2 hours of education.</i>	

<input type="checkbox"/> Acupuncture session	\$150	\$175
<input type="checkbox"/> <b>Doctors Boundaries, Ethics &amp; Jurisprudence</b> (6-hr. state-required course for newly-licensed DCs)	\$150	\$150

## STAFF REGISTRATION

	CAT Member, by 8/02	NON-CAT Member, by 8/02
<input type="checkbox"/> CTA Session	\$100	\$150
<input type="checkbox"/> CTA Adv./LMT Session (w/DCs) (CTA must have 3 yrs. licensure or LMT license)	\$125	\$175
<input type="checkbox"/> CXT Session	\$100	\$150
<input type="checkbox"/> <b>CTA/CXT Boundaries, Ethics &amp; Jurisprudence</b> (2-hr. state-required course for newly-licensed DCs)	\$75	\$75

## SOCIAL EVENT TICKETS *(see website for details)*

	# of Tickets/RSVP
<input type="checkbox"/> <b>Future Leaders Luncheon</b> Friday 8/23 <i>(This complimentary luncheon is offered for doctors in practice 5 years or less. RSVP requested.)</i>	_____
<input type="checkbox"/> <b>Scheduling Institute Sponsored Luncheon</b> <i>(Complimentary luncheon. RSVP requested.)</i>	_____
<input type="checkbox"/> <b>Chiropractic Excellence Awards Luncheon</b> Saturday 8/24 (\$20/each)	_____
<input type="checkbox"/> <b>Saturday Social: NashVegas Game Night</b> Saturday 8/24 <i>(Included with SCC reg. RSVP required.)</i>	_____
<input type="checkbox"/> <b>Additional NashVegas Game Night Ticket(s)</b> (\$30 each)	_____

All fees are non-refundable and non-transferable. 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. By registering for and attending this event, attendees acknowledge that exposure to COVID-19 is an inherent risk in any public location where people are present; The TCA cannot guarantee you will not be exposed during your visit. Please view our Event Policies at <https://www.southernchiropracticconference.com/faqs/>.