## TCA Tennessee Chiropractic Association

## **2024 Upper East Seminar Registration Form**

PLEASE—<u>ONE</u> REGISTRANT PER FORM ONLY. THANK YOU! February 24-25, 2024

Doctor Seminar: Saturday, 8am-5 pm ET

Sunday, 8am-12 pm ET

Doctor Boundaries: Saturday, 8am-2pm ET

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

Attendee Name:								
Title:   CTA - TN Lic. #:			·	_ CA				
Membership: TCA	A Member?	□ Yes	□ No	CAT r	member?	□ Yes	□ No	
Practice/Doctor's Name	:						<del></del>	
Office Phone: Office Fax:								
E-mail Address:								
Office Address:								
City, State, Zip:							<del></del>	
Emergency Contact:				ion:Phone:				
☐ Check if you have a di	sability requirin	g assistance;	please de	scribe:				
DOCTOR REGISTRATION & FEES				CTA/CXT REGISTRATION & FEES				
12 Hours CE — Saturday an	ıd Sundav		CAT M	\embersh	nip (renewa	or new)	\$50.00	
Early Bird (Prior to Feb. 9) After Feb. 9				Enclose application if new member				
☐ TCA Member: \$250.00	□ TCA Mem	nber: \$300.0	0		CTA (Sat.)			
□ NON Member: \$350.00	□ NON Me	mber : \$400 <sup>.00</sup>	0		o Feb. 9)	After Feb.	Q	
8 Hours CE — Saturday Only			1	☐ CAT Member: \$100.00 ☐ CAT Member: \$150.00				
Early Bird (Prior to Feb. 9) After Feb. 9				□ NON Member: \$150.00 □ NON Member: \$200.00				
☐ TCA Member: \$170.00		nber: \$220 <sup>.0</sup>		n wemb	eı. ≱130.∞		nember. \$200.∞	
□ NON Member: \$240.00	□ NON Mer	mber: \$290 <sup>.0</sup>		·c — CTA	/CVT Round	arios (Sat )	\$75.00	
4 Hours CE — Sunday Only Early Bird (Prior to Feb. 9) After Feb. 9				2 Hours — CTA/CXT Boundaries (Sat.) \$75.00  □ Bound., Risk Mgmt. & Jurisprudence				
☐ TCA Member: \$ 85.00		her \$135.00		uria., Risk	. Mgmi. & Ju	· ·	DUE \$	
□ NON Member: \$120.00		•				JODIOTALL	νου ψ	
6 Hours — Doctor Bounda		11001. <b>417</b> 0						
☐ Bound., Risk Mgmt. & Jur		50.00						
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	SUBTOTAL DUE	\$	_					
Payment Options:								
<b>Total Registration Amount</b>	Enclosed \$							
Check #:								
<ul> <li>Gold Member Benefit</li> </ul>								
Charge my card below: CC#:				Evn:	1	CVV/CID Cod	۵۰	
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Billing address if different from								
Name on Card:				Signature:				
Seminar Location: Me	eadowView Mo	arriott, 1901 N	Meadowvie	w Pkwy.,	Kingsport, T	N 37660   (42	23) 578-6612	

Please return this form with payment to: TCA, 2451 Atrium Way, Ste. 103, Nashville, TN 37214 phone 615-383-6231 \* fax 615-383-6233 \* TCA@TNChiro.com \* www.TNChiro.com \* www.catalog.tnchiro.com Registration not valid unless accompanied by payment. 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.