



Tennessee  
Chiropractic  
Association

# 2024 West Seminar Registration Form

PLEASE—ONE REGISTRANT PER FORM ONLY. THANK YOU!

January 27-28, 2024 - Available Seminars:

Doctor Seminar: Saturday, 8am-5 pm CT  
Sunday, 8am-12 pm 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. #: \_\_\_\_\_  **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 Jan. 12) After Jan. 12  
 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 Jan. 12) After Jan. 12  
 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 Jan. 12) After Jan. 12  
 TCA Member: \$ 85.00  TCA Member: \$135.00  
 NON Member: \$120.00  NON Member: \$170.00

### 6 Hours — Doctor Boundaries (Sat.)

Bound., Risk Mgmt. & Jurisprudence \$150.00

SUBTOTAL DUE \$ \_\_\_\_\_

## CTA/CXT REGISTRATION & FEES

**CAT Membership (renewal or new)** \$50.00

Enclose application if new member

### 6 Hours CE — CTA (Sat.)

Early Bird (Prior to Jan. 12) After Jan. 12  
 CAT Member: \$100.00  CAT Member: \$150.00  
 NON Member: \$150.00  NON Member: \$200.00

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

Bound., Risk Mgmt. & Jurisprudence

SUBTOTAL DUE \$ \_\_\_\_\_

## Payment Options:

**Total Registration Amount Enclosed** \$ \_\_\_\_\_

Check #: \_\_\_\_\_

Gold Member Benefit

Charge my card below:

CC#: \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_ CVV/CID Code: \_\_\_\_\_  
(3 or 4 digit code on back of card)

Billing address if different from above: \_\_\_\_\_ Zip: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Seminar Location: Hilton Memphis, 939 Ridge Lake Blvd., Memphis, TN 38120 | (901) 684-6664

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, 2451 Atrium Way, Ste. 103, Nashville, TN 37214  
phone 615-383-6231 \* fax 615-383-6233 \* TCA@TNChiro.com \* www.TNChiro.com \* www.catalog.inchiro.com  
Registration not valid unless accompanied by payment. All fees are non-refundable and non-transferable.