2026 December Seminar Registration Form

Tennessee Chiropractic Association

PLEASE—ONE REGISTRANT PER FORM ONLY. THANK YOU!

December 5-6 2026 - 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 Reg. *(Prior to Nov. 20)*
□ TCA Member: $250.00
□ NON Member: $350.00

After Nov. 20
□ TCA Member: $300.00
□ NON Member : $400.00

8 Hours CE — Saturday Only

Early Reg. *(Prior to Nov. 20)*
□ TCA Member: $170.00
□ NON Member: $240.00

After Nov. 20
□ TCA Member: $220.00
□ NON Member : $290.00

4 Hours CE — Sunday Only

Early Reg. *(Prior to Nov. 20)*
□ TCA Member: $ 85.00
□ NON Member: $120.00

After Nov. 20
□ TCA Member: $135.00
□ 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 Reg. *(Prior to Nov. 20)*
□ CAT Member: $100.00
□ NON Member: $150.00

After Nov. 20
□ CAT 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 #: _____

□ Using 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: TCA Headquarters ● 2451 Atrium Way, Nashville, TN 37214

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 37204
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.