



October Seminar Registration Form

October 10-11, 2020 - Available Seminars:

Doctor Seminar: Saturday, 8am-5 pm CT
Sunday, 8am-12 pm CT

CTA Seminar: Saturday, 8am-3pm CT
CXT CE: Saturday, 8am-3pm CT (download reg. form: <https://www.tnchiro.com/wp-content/uploads/2020-CXT-Spring-Audit-registration.pdf>)

TCA is a PACE-recognized provider. If you are licensed in a state (other than TN) that recognizes PACE and would like to receive credit for this seminar, please let us know upon registration. This event is approved for AL DC CE and is pending for FL.

Attendee Name: _____

Title: **DC** - TN Lic. #: _____ Add'l state lic./number for which you are seeking credit? _____
 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: _____

DOCTOR REGISTRATION & FEES

I will be attending this event in person

12 Hours DC CE — Saturday and Sunday

Early Bird (Prior to Sept. 25) After Sept. 25
 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 Sept. 25) Late/At Door (After Sept. 25)
 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 Sept. 25) Late/At Door (After Sept. 25)
 TCA Member: \$85.00 TCA Member: \$135.00
 NON Member: \$120.00 NON Member: \$170.00

SUBTOTAL DUE \$ _____

I am participating in the Orthopedic Diplomate program. (live TN course 5 of 5 10-hr. courses)

Payment Options:

Total Registration Amount Enclosed \$ _____

Check #: _____
 Gold Member Benefit

Charge my card below:

CC#: _____ Exp: _____ / _____

Billing address if different from above: _____ Zip: _____

Name on Card: _____ Signature: _____

Seminar Location: Embassy Suites Hotel & Conference Center, Murfreesboro, TN

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, 2123 8th Avenue South, Nashville, TN 37204
phone 615-383-6231 * fax 615-383-6233 * TCA@TNChiro.com * www.TNChiro.com
Registration not valid unless accompanied by payment. All fees are non-refundable and non-transferable.

CTA REGISTRATION & FEES

CAT Membership (renewal or new) \$50.00
 Enclose application if new member

6 Hours CTA CE - Saturday

Early Bird (Prior to Sept. 25) After Sept. 25
 CAT Member: \$100.00 CAT Member: \$150.00
 NON Member: \$150.00 NON Member: \$200.00

SUBTOTAL DUE \$ _____

VIRTUAL REGISTRATION & FEES (DC ONLY)

I will be participating in this event via virtual format
(Access information & online education policies apply and will be sent to email provided. TN DCs may apply 6 hrs. online per calendar year. Attendance verification policies meet FL state criteria. Please refer to your individual state CE requirements.)

Pricing is per 4-hour block, available Saturday only.

Early Bird (Prior to Sept. 25) Late/At Door (After Sept. 25)
 TCA Member: \$85.00 TCA Member: \$135.00
 NON Member: \$120.00 NON Member: \$170.00

How many 4-hour blocks will you be attending? _____

SUBTOTAL DUE \$ _____