



Tennessee
Chiropractic
Association

September Seminar Registration Form

PLEASE—ONE REGISTRANT PER FORM ONLY. THANK YOU!

September 26-27, 2020 - Available Seminars:

Doctor Seminar: Saturday, 12pm-6 pm CT
Sunday, 8am-12 pm CT
Acupuncture Seminar: Sunday, 8am-3pm CT

CTA Seminar: Saturday, 12pm-6pm CT
CXT CE: Saturday, 8am-3pm CT (download reg. form:
<https://www.tnchiro.com/wp-content/uploads/2020-CXT-Spring-Audit-registration.pdf>)

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

10 Hours DC CE — Saturday and Sunday

Early Bird (Prior to Sept. 11) After Sept. 11

TCA Member: \$250.00 TCA Member: \$300.00

NON Member: \$350.00 NON Member: \$400.00

6 Hours Acupuncture CE— (Sun.)

Early Bird (Prior to Sept. 11) After Sept. 11

TCA Member: \$150.00 TCA Member: \$200.00

NON Member: \$175.00 NON Member: \$225.00

SUBTOTAL DUE \$ _____

I am participating in the Orthopedic Diplomate program. (live TN course 4 of 5 10-hr. courses)

CTA REGISTRATION & FEES

6 Hours CTA CE - Saturday

Early Bird (Prior to Sept. 11) After Sept. 11

CAT Member: \$100.00 CAT Member: \$150.00

NON Member: \$150.00 NON Member: \$200.00

SUBTOTAL DUE \$ _____

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: TBA

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.