

REGISTRATION FORM
Advance Spinal Decompression Therapy

Cincinnati / Mason, Ohio
SATURDAY, NOVEMBER 1, 2014

ChiroHealth Educational Seminars • 12 hours of CE including 1.5 hours of Ethics

Name: _____
(Please print your name as you would like it to appear on badge)

Office Mailing Address _____

City _____

State _____ Zip Code _____

Phone Number _____

Fax Number _____ Ohio DC Lic. # _____

Email Address _____

★ **SEMINAR COURSE NOTES**, will be e-mailed to registered doctors if you register prior to the seminar date.
Course notes will be available at the seminar for late or at the door registrations, **ONLY**.

TO REGISTER BY MAIL OR FAX *(no phone registration)*

- Mail completed registration form with payment to:

ChiroHealth Educational Seminars
P. O. Box 85
Gates Mills, OH 44040
Tel: (440) 449-1020

- Fax your registration form with complete credit card information to (440) 449-1568.

**REGISTRATION WILL BE TAKEN
AT THE DOOR. SPACE IS
LIMITED TO 45 DOCTORS.**

PLEASE REGISTER EARLY!

Contact ChiroHealth Educational Seminars with questions.

(440) 449-1020

TO REGISTER ONLINE

- Go to www.choh.org
- Select **Seminars > complete the online registration**

REGISTRATION/FEEES

Registration forms must be postmarked or faxed on or before the pre-registration date to receive the lower fee.

Cincinnati-Mason Seminar • Saturday, November 1, 2014

- \$239.00 Pre-registered on or before October 13, 2014
- \$259.00 Pre-registered on or after October 14, 2014
- \$279.00 Pre-registered on October 27, 2014 or at the door

PAYMENT METHOD

- Check Enclosed to: **ChiroHealth Educational Seminar**
- MasterCard Visa



Account # _____

Exp. Date _____ Security Code _____
(Last three digits of code on back of card)

Name _____

Signature _____

Please copy for your files

(as printed on card)