

## REGISTRATION FORM

# Spine & Sports Medicine Alternative Treatment Strategies

CLEVELAND, OHIO • SATURDAY, DECEMBER 5, 2015

ChiroHealth Educational Seminars • 12 CE Hours including 1.5 CE Hours of Ethics & Professionalism

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 Tuesday before the seminar 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](http://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.

**Cleveland, OH Seminar • Saturday, December 5, 2015**

- \$239.00 Pre-registered on or before November 23, 2015
- \$269.00 Pre-registered on or after December 1, 2015
- \$289.00 Pre-registered on December 2, 2015 or at the door

## PAYMENT METHOD

- Check Enclosed to: **ChiroHealth Educational Seminars**
- 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)