REGISTRATION FORM

Advanced Lumbar Spinal Decompression Therapy Mansfield, Ohio

ONE DAY ONLY! • SATURDAY, DECEMBER 6, 2014

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

Name:	
(Please print your name as you would like it to appear on badge)	
Office Mailing Address	
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Fax NumberOh	nio DC Lic. #
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★ 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	REGISTRATION WILL BE TAKEN AT THE DOOR, SPACE IS
Gates Mills, OH 44040 Tel: (440) 449-1020	LIMITED TO 45 DOCTORS.
• Fax your registration form with complete credit card information to (440) 449-1568.	PLEASE REGISTER EARLY! Contact ChiroHealth Educational Seminars with questions.
TO REGISTER ONLINE	(440) 449-1020
 Go to www.choh.org Select Seminars > complete the online registration 	
REGISTRATION/FEES	
Registration forms must be postmarked or faxed on or before the pre-registration date to receive the lower fee. Buffet Lunch will be included with registration.	
Mansfield, OH Seminar • Saturday, December © \$249.00 Pre-registered on or before November 14, □ \$269.00 Pre-registered on or after December 1, 20 □ \$289.00 Pre-registered on December 2, 2014 or at	2014 14
PAYMENT METHOD	
☐ Check Enclosed to: ChiroHealth Educational Seminar ☐ MasterCard ☐ Visa	
Account #	
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Name	(Last three digits of code on back of card)

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