

Academy of Chiropractic Arts and Science

REGISTRATION FORM

SEMINAR DATE (Please PRINT) : _____ **LOCATION (Please Print) :** _____

COURSES	FEES
<input type="checkbox"/> ONE-DAY 24 CEU 12 LIVE + 12 DISTANCE LEARNING	260.00
<input type="checkbox"/> ONE-DAY 12 CEU LIVE	200.00
<input type="checkbox"/> LIVE 2 – 6 CEU	130.00
<input type="checkbox"/> 2 – 6 DISTANCE LEARNING CEU	130.00
<input type="checkbox"/> 12 DISTANCE LEARNING CEU	200.00
<input type="checkbox"/> ½ - DAY – 12 CEU 6 LIVE + 6 DISTANCE LEARNING or Two- ½ DAYS LIVE	200.00
<input type="checkbox"/> DOT MEDICAL EXAMINER TRAINING	325.00
<input type="checkbox"/> DUPLICATE CERTIFICATE OF COMPLETION <small>The Request for a Duplicate or lost CEU Certificate MUST be in writing via Email. Full Name, DC #, Date of Completion and State if it's your In class or DL Certificate.</small>	45.00

Please PRINT Legibly and check spelling: Information from this form will be used by the California State Board of Chiropractic Examiners for YOUR License Renewal.

NAME: _____ MI: _____ LAST NAME: _____

DC LICENSE #: _____ DOB: ___/___/___ E-MAIL: _____@_____.com

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: () _____ - _____ CELL: () _____ - _____ FAX: () _____ - _____

ALL PAYMENT TYPES ACCEPTED AT DOOR

PLEASE EMAIL FORM TO PRE-REGISTER:

[] CHECK [] CREDIT CARD/DEBIT CARD [] CASH

E-MAIL Completed Registration Form:

acasceu1@gmail.com

OFFICE: 951-603-0052

MONDAY – FRIDAY 9am-1pm