

REGISTRATION FORM

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

COURSES

FEES

<input type="checkbox"/> ONE-DAY 24 Hours COMBO CEU 12 Hours LIVE + 12 Hours DISTANCE LEARNING	\$260.00
<input type="checkbox"/> ONE-DAY 12 Hours CEU LIVE	\$200.00
<input type="checkbox"/> 12 Hours DISTANCE LEARNING CEU	\$200.00
<input type="checkbox"/> LIVE 2 – 6 Hours CEU	\$130.00
<input type="checkbox"/> LIVE 2 – 6 Hours CEU	\$130.00
<input type="checkbox"/> 2 – 6 Hours DISTANCE LEARNING CEU	\$130.00
<input type="checkbox"/> ½ - DAY – 12 Hours CEU 6 LIVE + 6 DISTANCE LEARNING or Two- ½ DAYS LIVE	\$200.00
<input type="checkbox"/> DOT MEDICAL EXAMINER TRAINING DISTANCE LEARNING COURSE	\$325.00
<input type="checkbox"/> DUPLICATE CERTIFICATE OF COMPLETION	\$75 Each

The Request for a Duplicate or lost CEU Certificate MUST be in writing via Email with your Full Name, DC License Number, Date of CEU Completion

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.

FIRST NAME: _____ MI: _____ LAST NAME: _____

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

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CLINIC PHONE: (_____) _____ CELL: (_____) _____

Walk Ins Payment Accepted At Door CHECK CREDIT CARD/DEBIT CARD CASH

Please Email This Completed Form To Pre-Register and Also Bring to Seminar

PLEASE E-MAIL all Questions & This Completed Registration Form to: ACASCEU1@GMAIL.COM

Office Hours MONDAY – FRIDAY 10am-1pm OFFICE: 951-603-0052