

Miami Chiropractic Conference

Excellence in Continuing Education

REGISTRATION FORM

March 14-16, 2014

Doubletree by Hilton,
Miami Airport Convention Center



	EARLY BIRD	ADVANCED	ON SITE
	Received before 12/15/13	Received between 12/16/13 & 3/7/14	Received after 3/7/14
DOCTORS	\$ 295	\$ 345 \$ 295	\$ 395 \$ 345
DC (10 HOURS OR LESS)	\$ 145	\$ 195 \$ 145	\$ 245 \$ 195
CCPAS	\$ 145	\$ 195 \$ 145	\$ 245 \$ 195
STUDENTS & CAS	FREE	FREE	FREE

First Name: _____ Last Name: _____

Mailing Address: _____

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Office Phone: _____ Fax: _____

E-mail Address: _____

Florida License Number: _____ Other States License Numbers: _____
(Required for CE Reporting Purposes)

TOTAL PAYMENT SUBMITTED: \$ _____

For credit card payments, pay online or complete the credit card information below and submit via mail, email or fax.
For payment by check, make checks payable to: The Miami Chiropractic Conference and mail with the completed registration form to: The Miami Chiropractic Conference, 1825 Ponce De Leon Blvd, #387, Coral Gables, FL 33134.

Payment Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
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