## TCA Tennessee Chiropractic Association

## **2024 December Seminar Registration Form**

## PLEASE—ONE REGISTRANT PER FORM ONLY. THANK YOU!

December 7-8 2024 - Available Seminars:

Doctor Seminar: Saturday, 8am-5 pm CT

Sunday, 8am-12 pm CT

Doctor Boundaries: Saturday, 8am-2pm CT

CTA Seminar: Saturday, 8am-3pm CT CTA/CXT Boundaries: Saturday, 3pm-5pm CT

Attendee Name:							
Title:   CTA - TN Lic. #:							
Membership: To	CA Member?	□ Yes	□ No	CAT member	? □ Yes	□ No	
Practice/Doctor's Name:							
Office Phone: Office Fax:							
E-mail Address:							
Office Address:							
City, State, Zip:							
Emergency Contact: _		Re	elation:	Phone:			
☐ Check if you have a	disability requiring	assistance;	please des	scribe:			
DOCTOR REGISTRATION & FEES			CTA/C	CTA/CXT REGISTRATION & FEES			
12 Hours CE — Saturday and Sunday Early Reg. (Prior to Nov. 22) After Nov. 22			CAT M	CAT Membership (renewal or new) \$50.00  □ Enclose application if new member			
□ TCA Member: \$250.00 □ TCA Member: \$300.00 <b>6 Hours CE — CTA (Sat.)</b>							
□ NON Member: \$350.00 □ NON Member: \$400.00			Early R	Early Reg. (Prior to Nov. 22) After Nov. 22			
<u>8 Hours CE</u> — Saturday Only Early Reg. ( <i>Prior to Nov. 22</i> ) After Nov. 22			□ CA	□ CAT Member: \$100.00 □ CAT Member: \$150.00			
☐ TCA Member: \$170.00 ☐ TCA Member: \$220.00				□ NON Member: \$150.00 □ NON Member: \$200.00			
□ NON Member: \$240.0		•					
4 Hours CE — Sunday On		'		s — CTA/CXT Bou	<u>undaries (Sat.)</u>	\$75.00	
Early Reg. (Prior to Nov. 22) After Nov. 22			□ Bou	□ Bound., Risk Mgmt. & Jurisprudence			
□ TCA Member: \$ 85.00	□ TCA Memb	per: \$135.00			SUBTOTAL D	UE \$	
□ NON Member: \$120.0	0 □ NON Meml	ber: \$170 <sup>.00</sup>					
6 Hours — Doctor Bound	<u>laries (Sat.)</u>						
□ Bound., Risk Mgmt. & Jurisprudence \$150.00							
	SUBTOTAL DUE	\$					
Payment Options:							
Total Registration Amou	nt Enclosed \$						
Check #: Gold Member Benefi	t						
Charge my card below:	:						
CC#:				Exp:/	CVV/CID Cod	e:	
Billing address if different from above:					(3 or 4 digit code Zip:	on back of card)	
				Signature:			
Seminar Location: TBA • Middle Tennessee area  Please be aware that photographs may be taken throughout this event for use in future TCA approved publications, promotions, presentations, and/or any other media formats.							
riease de aware that photographs r	nay be taken throughout this	s event for use in fu	ture TCA approve	a publications, promotions,	presentations, and/or any	otner meala formats.	

Please return this form with payment to: TCA, 2451 Atrium Way, Ste. 103, Nashville, TN 37204 phone 615-383-6231 \* fax 615-383-6233 \* TCA@TNChiro.com \* www.TNChiro.com \* www.catalog.tnchiro.com Registration not valid unless accompanied by payment. All fees are non-refundable and non-transferable.