

Ohio State



Chiropractic Association

REGISTRATION FORM
DECEMBER 6, 2008 SEMINARS

Please complete and submit one form per person. Payments may be combined.

Full Name: Preferred First Name:

Company/Clinic Name:

Mailing Address:

City:

State: Zip Code:

Phone Number: Fax Number:

E-mail Address: OH DC License #

Table with 3 columns: Payment/Registration Fees Per Person*, OSCA Member, Non-Member. Rows include Rehab 101 seminar, Bulletproofing Your Documentation Seminar, Register for Both Seminars and SAVE, and Additional Registration from Same Office options.

*ALL registrations must be received in the Executive Office by November 20.

Payment Method - Please Mark One

- Check enclosed payable to Ohio State Chiropractic Association
- American Express
- MasterCard
- Discover Card
- VISA

Account Number: Expiration Date:

Name as printed on Credit Card: Amount Authorized: \$

Billing Address of Credit Card: Security Code:

3 Digits on Back of Card

Signature: Date:

To Register

MAIL completed registration form with payment to: OSCA Payment Processing Center, Dept LB-09, PO Box 183027, Columbus, OH 43218-3027 OR FAX your registration form with complete credit card information to (614) 229-5296

Contact the OSCA toll-free at (800) 837-6721 or (614) 229-5290 with questions.

Disclaimers/Cancellation & Refund Policy - A refund will be granted provided notification is in writing and postmarked no later than 10 days prior to the seminar date. A \$25.00 service fee will not be refunded.

Americans with Disabilities Act - The facility complies with the provisions of ADA. If you need additional assistance, please contact the Ohio State Chiropractic Association at least 10 days in advance.

Continuing Education Credit - Individuals requiring an official transcript of their hours must sign in and out as determined by the OSCA and complete an evaluation form at the end of the seminar.

Confirmation / Directions - A confirmation letter and directions will be sent upon receipt of your paid registration.