



# TeleSeminar Registration Form (CD)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_  
 ACA Membership # \_\_\_\_\_

### Payment

- Check enclosed, for \$ \_\_\_\_\_ payable to the *American Chiropractic Foundation*.
- Bill my credit card for \$ \_\_\_\_\_ using the information below.

Credit card:  Visa     MasterCard     Amex     Discover  
 Credit Card # \_\_\_\_\_ Exp date \_\_\_\_\_  
 Cardholder Signature \_\_\_\_\_

**Cancellation Policy:** If written notification of cancellation is received 72 hours prior to the live teleseminar, payment will be refunded, less a \$25 processing fee. No refunds or credits will be issued within 72 hours of the live teleseminar.

### Fee Per CD:

**\$49** ACA Members  
**\$69** Non Members  
**\$29** Student, New Graduate & General New Practitioner Members (licensed DCs 4 years or less after graduation)

**FREE!!** For Governor's Advisory Cabinet members

Fax form to: **(703) 243-2593**

To register by phone or for more information call:  
**(703) 276-8800**

DATE:

TOPIC:

*Mail or Fax Form to:*

Jami Bjordahl  
 Meetings Manager  
 1701 Clarendon Blvd.  
 Arlington, VA 22209  
 fax: 703-243-2593



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