REGISTRATION FORM

2017 Annual Conference on Chiropractic & Pediatrics

November 17-19, 2017, NEW YORK

1st Registrant (First name) _____ Last Name_____ Suffix _____

2nd Registrant (First name) _____Last Name _____Suffix _____

Mailing address: _____

City _____State/Province _____ Zip/Postal Code _____

Country _____Phone: ☐Office ☐Cell _____

Email : *All confirmations will be via email only* _____

Enrolled in _____ Expected year of graduation _____

CHECK YOUR CATEGORY	ADVANCE By Oct 9	REGULAR Oct 10 –Nov 13	LATE Nov 14 - Onsite	YOUR FEE
☐ DC	$ 429	$ 499	$ 549	
☐ ICA Pediatric Council Member	$ 399	$ 469	$ 519	
☐ ICA DC Member	$ 399	$ 469	$ 519	
☐ Student	$ 179	$ 249	$ 299	
☐ SICA Member	$ 129	$ 199	$ 249	
☐ CA/Spouse Non DC	$ 259	$ 329	$ $379	
☐ ICA Lifetime Member ($35 for CE; $0 if no CE is required)	$ 35 for CE	$ 35 for CE	$35 for CE	
			TOTAL	$

I am paying by: ☐Check (make payable to *ICA Pediatrics Council*) ☐ Mastercard/Visa ☐ Am Express

Credit Card No. _____ Exp Date _____ CVV _____

CANCELLATION POLICY: Money refunded less 15% administrative fee if cancelled by November 13th. After November13th **NO REFUNDS**. Refunds will be paid after conference. Cancellations should be emailed to: icapediatrics@chiropractic.org . No cancellations accepted by phone.

Your signature _____ Date _____

Note: Your receipt will be your credit card statement. You will receive confirmation of your registration after your credit card is processed. Register by:

FAX: ICA Pediatrics Council at 703-351-7893;
Phone: (1) 571-765-7554
Mail: ICA Council on Chiropractic Pediatrics

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