

THE INTERNATIONAL CHIROPRACTIC ASSOCIATION OF INDIANA
 SPRING SEMINAR ♦ APRIL 19-20, 2008



Email completed form:
 conference@icai.net



Mail completed form to:
 ICAI
 3921 N. Meridian St.
 Suite 225
 Indianapolis, IN 46208



Fax completed form to:
 (317) 464-5146

Separate form required for each registration. PLEASE PRINT CLEARLY

Last Name _____ First Name _____ Middle Initial _____

Office Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Chiropractic College _____ Year Graduated _____

E-mail _____ Name to appear on Badge _____

SEMINAR FEES

Early Bird registrations must be received by April 4th, 2008

	12 Hours		8 Hours		4 Hours	
	Early Bird	Regular	Early Bird	Regular	Early Bird	Regular
ICAI Member	<input type="checkbox"/> \$275	<input type="checkbox"/> \$375	<input type="checkbox"/> \$245	<input type="checkbox"/> \$345	<input type="checkbox"/> \$170	<input type="checkbox"/> \$250
Non-Member	<input type="checkbox"/> \$475	<input type="checkbox"/> \$550	<input type="checkbox"/> \$325	<input type="checkbox"/> \$425	<input type="checkbox"/> \$220	<input type="checkbox"/> \$320

PAYMENT INFORMATION

- Check or money order enclosed
 Please charge my credit card: MC VISA AMEX

Credit Card # _____ Expiration Date _____

Cardholder Name (please print) _____ Cardholder Signature _____