

THE INTERNATIONAL CHIROPRACTORS ASSOCIATION OF INDIANA  
 SPRING SEMINAR • APRIL 24-25, 2010



**Email completed form:**  
 drjonferguson@sbcglobal.net



**Mail completed form to:**  
 ICAI  
 1108 Indiana Avenue  
 LaPorte, IN 46350



**Fax completed form to:**  
 Fax: 765-569-3362  
 Phone: 888-569-3990 (toll free)  
 765-569-3722 (local)

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 9, 2010*

	12 Hours		8 Hours		4 Hours	
	Early Bird	Regular	Early Bird	Regular	Early Bird	Regular
<b>ICAI Member</b>	<input type="checkbox"/> \$275	<input type="checkbox"/> \$400	<input type="checkbox"/> \$245	<input type="checkbox"/> \$355	<input type="checkbox"/> \$220	<input type="checkbox"/> \$350
<b>Non-Member</b>	<input type="checkbox"/> \$475	<input type="checkbox"/> \$575	<input type="checkbox"/> \$375	<input type="checkbox"/> \$425	<input type="checkbox"/> \$300	<input type="checkbox"/> \$375

**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 \_\_\_\_\_