

**Registration Form for Chiropractic Boot Camp Seminar
December 3rd-4th, 2011**

Radisson Hotel Cincinnati Riverfront: 668 W 5th St, Covington, KY 41011 Phone: 859-491-1200

Fax or mail completed registration to:

**Fax: 740-366-6286, or mail to:
Dr. Jerry Mantonya
919 North 21st Street
Newark, OH 43055**

Registration Date: _____

Clinic Name: _____

Last Name: _____ First Name: _____

Associate/CA Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

E-Mail: _____

Dr.'s License Number _____ Seminar Date: _____

Pricing: \$249 for Licensed DC -- **\$199 for Early Registration (Before November 1st, 2011)** -- \$99 for First Year DC
\$199 for Retired DC -- \$199 for Associate Doctor(s) from same office -- \$49 for Office CA

Confirmation By: E-Mail Fax Mail Confirmation Receive Date: _____

Please identify # of personnel attending: [] License DC [] Retired DC [] First Year DC [] # of CAs

Total registration fees authorized to be charged: \$ _____.

Pay By:

- Credit Card: Discover VISA Mastercard
Credit Card Number: _____
Expiration Date: _____ / _____ 3 Digit Code _____ Amount Charged: \$ _____
- Personal or Business check being mailed with this registration form. Amount: \$ _____

Optional Payment method: Personal or Business Check

Check Number _____ Amount Charged: \$ _____

Name on Check _____ Same as above

Address on Check _____ Same as above
City: _____ State: _____ Zip: _____

Name of Bank _____

Address of Bank _____
City: _____ State: _____ Zip _____

Routing Number _____

Account Number _____