

Pre-registrations must be received by **August 10, 2018** or on site rates apply

FCA Member
Chiropractic Students
and DCs not yet licensed
or in their first year of
Florida licensure are
welcome **FREE OF**
CHARGE and receive
FREE membership!
NOT A MEMBER YET?
JOIN NOW AT
FCACHIRO.ORG!

REGISTRATION CATEGORY	EARLY BIRD received by 7/20/18	BADGE PICK-UP Received between 7/21 and 8/10/18	ON SITE Received after 8/10/18
DC REGISTRATION FCA CONVENTION ONLY (UP TO 20 HOURS CE)			
FCA Member Student	FREE!	FREE!	FREE!
FCA Member 1st Year DC	FREE!	FREE!	FREE!
FCA Member DC	\$215	\$235	\$275
Non-Member DC	\$430	\$450	\$490

DACBN Nutrition Diplomate - Transcript fee of \$30 can be achieved in concert with one option below

VALUE ADDED TRAINING OPTIONS (PLEASE CHECK ONLY ONE):

- DABCI MODULE I - 12 HOURS TRAINING** No additional charge
- NEUROLOGY DIPLOMATE (ACNB) TRAINING - 6 HOURS TRAINING** DCs - Add on price of \$210
- MALLY BOOTCAMP - 6 HOURS OF EXCLUSIVE LEG LENGTH & INEQUALITY TRAINING**
• Student - Add on price of \$79 • DCs - Add on price of \$150

STAFF DISCOUNT SPECIAL! NEW LOWER PRICES!

FCA Member DC's staff – RCA/CA/CCPA/X-ray Tech/Spouse	\$50	\$65	\$80
Non-member DC's staff – RCA/CA/CCPA/X-ray Tech/Spouse	\$80	\$95	\$110
RCA/CA/CCPA/CRT who holds his/her own membership	\$40	\$55	\$70

LMT Up to 18 hours of CE for LMTs: 6 CE hours FL required topics and 12 hands-on CE hours

FCA Member Doctor's LMT/FSMTA/AMTAs LMT	\$160	\$175	\$200
LMT Student Member of FSMTA or FCA	\$75	\$90	\$115
Non-Member LMT	\$210	\$225	\$250

OTHER REGISTRATION

FL Licensed AP/DOM/LAc includes up to 14 CE hours	\$185	\$200	\$235
Other Allied Health Care Practitioners (DO, MD, ND, PhD, RPH, guests) <i>Allied Health NOT submitted for CEU approval.</i>	\$185	\$200	\$235

3-Day EXPO PASS ONLY (No class admittance or CE included!)

FCA Member	\$25		
Non-Member	\$50		

Win a FREE stay at the Hyatt Regency Orlando!

To qualify, make your room reservation at our host hotel and send your paid convention registration form to the FCA office by July 20, 2018. For special DISCOUNT RATES of just \$195 for single/double rooms (plus \$10 discounted resort fee) before July 20 at our host hotel, call directly 1-800-233-1234, mention "The National Florida Chiropractic Attendee or Vendor" when making your reservation. To register/reserve online go to www.TheNationalChiro.com for a link to the Hyatt Regency Orlando web site.

EXPRESS BADGE SERVICE

Those who register by the Early Bird deadline of July 20, 2018, can request to have your badge(s) mailed to you in advance, so that you can avoid the long registration lines!

Check off the Express Badge Service box at the top of your registration form to take advantage of this new feature.

If you choose this time-saver, don't forget your badge when you come to convention to avoid a time delay to re-issue your badge!

We're sorry ... but we cannot accept credit cards via telephone for registration. You MUST send us your form and check via mail or register with us online at TheNationalChiro.com before July 20.

Cancellation Policy: Cancellations received by August 10, 2018, will receive a refund of The National Convention & Expo fees, less a \$30 processing charge per registrant. Cancellations after August 10, 2018, will not be refunded.

THE NATIONAL 2018 REGISTRATION FORM

I want EXPRESS BADGE SERVICE and am registering by the early-bird deadline of July 20!
Send all badges to my mailing address below.

ALL CONTACT INFO REQUIRED FOR REGISTRATION

Your phone and email information will be accessible by scanning your badge only to the exhibitors that you allow to scan your badge. The FCA does not otherwise release this information to vendors. Check here to opt out of this convenient service that gives you control.

Mailing Address _____

City/State/Zip _____ Mobile phone _____

Office Phone _____ E-mail Address _____ Chiropractic College _____

Seeking CE for other states (License # not required): _____

Name: (first, last) _____

DC: FL License # _____ (required for CE reporting purposes) State _____

FCA MEMBER FIRST YEAR FLORIDA DC: FL License # _____ (required for CE reporting) FREE

FCA MEMBER STUDENT _____ FREE

Convention Only \$ _____

I will be attending the Nutrition Diplomate (ACNB) Courses. \$30 has been added to my FCA registration fee to cover maintenance of transcript by Texas Chiropractic College. \$ _____

REGISTER AS (CHECK ONE) - Please enter appropriate fees from accompanying registration info and total at the bottom

I will be attending the module of DABCI (Chiropractic Internist Diplomate) being offered

Neurology Diplomate (ACNB) Training

Convention + ACNB Training/FCA Member DC \$ _____

Convention + ACNB Training/FCA Non-Member DC \$ _____

Dr. Mally Hands-On Training: FCA Convention (Up to 20 hours of CE) with 6-hour Hands-On Leg Length & Inequality Training Included

Convention + Mally Training/FCA Student Member \$ _____

Convention + Mally Training/FCA Member DC \$ _____

Convention + Mally Training/FCA Non-Member DC \$ _____

STAFF DISCOUNT SPECIAL! BRING YOUR ENTIRE STAFF!

RCA's, CA's, CCPA's and X-ray Techs registering with your doctor! Includes admission to classes and expo areas.

Staff Member #1 – Name: (first, last) _____ \$ _____

CCPA CI# _____ CA/RCA RCA# _____ X-ray CRT# _____ Other

Staff Member #2 – Name: (first, last) _____ \$ _____

CCPA CI# _____ CA/RCA RCA# _____ X-ray CRT# _____ Other

Staff Member #3 – Name: (first, last) _____ \$ _____

CCPA CI# _____ CA/RCA RCA# _____ X-ray CRT# _____ Other

LMT – Name: (first, last) _____ \$ _____

License # _____ State _____

FL License AP/DOM/LAc Other Allied Health Care Practitioners (DO, MD, ND, PhD, RPH, guests) –

Name: (first, last) _____ \$ _____

Degree/Title: _____ State _____

3-Day Expo ONLY Pass – Name: (first, last) _____ \$ _____

ChiroPAC support! I want to support ChiroPAC NOW and have added \$ _____ to my registration. PAC \$ _____
Please forward these dollars to ChiroPAC.

Foundation Support! I want to support Florida Chiropractic Foundation NOW and have added \$ _____ to my registration. Please forward these dollars to FCF. FCF \$ _____

Your registration fee includes admission to all educational programs, exposition, morning coffee, afternoon breaks, Thursday Opening Reception, Friday Welcome Reception, Saturday Presidential Reception and complimentary daily refreshments in exhibit areas. Make checks payable to Florida Chiropractic Association (FCA). Please return this form with payment to: Florida Chiropractic Assn., 30 Remington Road, Suite One, Oakland, FL 34787 (407) 654-3225 or register via our website: www.thenationalchiro.com **TOTAL** _____

YES! I would like to receive a complimentary subscription to Chiropractic Economics Magazine!