

Pre-registrations must be received by **August 20th, 2021** or on site rates apply

REGISTER BY JULY 30TH TO BECOME ELIGIBLE FOR 1 OF 10 CHANCES FOR A 1/2 PRICE RESORT STAY.

We will be selecting up to (10) half-price room winners for 3-night stay. All winners are randomly selected from our nationwide attendance. Winners will be contacted by FCA. Please make your room reservation at our host hotel and register for the event by July 30th to qualify.

For DISCOUNTED rates for single/double rooms, make a room reservation for the event at TheNationalChiro.com or call directly at 1-800-233-1234; mention The National and that you are a Florida Chiropractic Attendee, when making a reservation.

By registering for this event, I acknowledge that exposure to COVID-19 is an inherent risk in any public location where people are present; FCA cannot guarantee you will not be exposed during your visit. View our Terms of Service and our **SAFE AND CLEAN PLAN** at TheNationalChiro.com

REGISTRATION CATEGORY	EARLY BIRD received by 7/30/21	BADGE PICK-UP Received between 7/31 and 8/20/21	ON SITE Received after 8/20/21
DC REGISTRATION IN PERSON CONVENTION (UP TO 20 HOURS C.E. + EXPO ACCESS)			
FCA Member Student	FREE!	FREE!	FREE!
FCA Member 1st Year DC	FREE!	FREE!	FREE!
FCA Member DC	\$215	\$260	\$295
Non-member DC	\$430	\$465	\$495
FCA Member DC In-Person (Up to 16 CE hours) + On Demand (4 hours)	\$255	\$300	\$335
Non-Member DC In-Person (Up to 16 CE hours) + On Demand (4 hours)	\$470	\$505	\$535
FCA Member First-Year Florida DC (Up to 16 CE hours) + On Demand (4 hours)	\$40	\$45	\$50
ADDITIONAL TRAINING OPTIONS <i>Only available for DC's with in person convention CE registration</i>			
DABCI MODULE I - 12 hours Training	----- No additional charge -----		
Neurology Diplomate (ACNB) - 4 hours training DCs	----- Add on price of \$140 -----		
STAFF DISCOUNT SPECIAL! NEW LOWER PRICES!			
FCA Member DC's staff – CCPA's (up to 12 hours + Expo), CRT's (up to 6 hours + Expo), CA's (class admission + Expo)	\$50	\$65	\$80
Non-member DC's staff – CA/CCPA/X-ray Tech	\$80	\$95	\$110
CA/CCPA/CRT who holds his/her own membership	\$40	\$55	\$70
LMT <i>Up to 18 hours of CE for LMTs: 6 CE hours FL required topics and 12 hands-on CE hours</i>			
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			
Other Allied Health Care Practitioners (AP/DOM/LAc, DO, MD, ND, PhD, RPH, guests) <i>Allied Health NOT submitted for CEU approval.</i>	\$185	\$200	\$235
3-Day EXPO PASS ONLY <i>(No class admittance or CE included!)</i>			
FCA Member DC	\$25	\$35	\$50
FCA Non-member DC	\$50	\$70	\$100
Family/Non-DC staff attending with doctor	\$10	\$10	\$10

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 30 via credit card.

Cancellation Policy: Cancellations received by August 20, 2021, will receive a refund of The National Convention & Expo fees, less a \$30 processing charge per registrant. Cancellations after August 20, 2021, will not be refunded. Should the FCA cancel due to COVID related issues, pre-registration fees will be refunded in full.

YOUR LIVE CONVENTION REGISTRATION ADMITS YOU INTO OUR SOCIALLY DISTANCED EXHIBIT SHOW FLOOR!

THE NATIONAL 2021 REGISTRATION FORM

EXPRESS BADGE SERVICE: Those who register by the Early Bird deadline of July 30, 2021, will have your badge(s) mailed to you by August 20, for faster check-in and better social distancing! Don't forget your badge when you come to convention to avoid a time delay in re-issuing your badge!

..... You may only register one (1) doctor looking to acquire CE per registration form

IN CASE OF AN AUDIT, ALL OFFICE 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.*

BADGE INFO	Name (first, last) _____		
	Mailing Address _____		
	City/State/Zip _____		
	E-mail _____		
	Office Phone _____	Fax _____	Cell Phone _____
	I am a: DC FL 1st-Year DC STUDENT		
DC License # (CH) _____			

REGISTER AS - Please enter appropriate fees from accompanying registration info page and total at the bottom

<input type="checkbox"/> In-Person (up to 20 hours CE) + Expo	<input type="checkbox"/> Combo (up to 16 hours CE live + 4 hours virtual) + Expo	\$ _____
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ADDTL TRAININGS	<i>Diplomate fee to cover maintenance of transcripts. Options are only offered to DC's attending in person for CE's.</i>	
	Internist Diplomate Courses (DACBI) Training	\$ FREE
	Neurology Diplomate (ACNB) Training	\$ _____

STAFF DISCOUNT SPECIAL! BRING YOUR ENTIRE STAFF!
RCAs, CAs, CCPAs and X-ray Techs registering with your doctor! Includes admission to classes and expo areas.

ADDITIONAL STAFF	Staff Member #1 – Name: (first, last) _____		\$ _____	
	CCPA Cl# _____	CA _____	X-ray CRT# _____	Other
	Staff Member #2 – Name: (first, last) _____		\$ _____	
	<input type="checkbox"/> CCPA Cl# _____	<input type="checkbox"/> CA _____	<input type="checkbox"/> X-ray CRT# _____	<input type="checkbox"/> Other
	Staff Member #3 – Name: (first, last) _____		\$ _____	
	CCPA Cl# _____	CA _____	X-ray CRT# _____	Other
<input type="checkbox"/> LMT – Name: (first, last) _____		\$ _____		
License # _____		State _____		

OTHER	FL License AP/DOM/LAc Other Allied Health Care Practitioners (DO, MD, ND, PhD, RPH, guests) –	
	Name: (first, last) _____	\$ _____
	Degree/Title: _____	State _____

EXPO	<input type="checkbox"/> 3-Day Expo ONLY Pass – (Name of DC needed if different from above. Unless specified, address above will be used.)
	Name: (first, last) _____

FAMILY	Family Passes* with doctor's registration (*must be immediate family or current Non-DC staff attending with doctor)		
	Full Name #1 _____	Relationship _____	\$ _____
	Full Name #2 _____	Relationship _____	\$ _____

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 \$ _____

TOTAL _____

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.

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