

Pre-registrations must be received by **August 19, 2022** or on site rates apply

REGISTER BY JULY 8TH 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 8th 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 7/8/22	BADGE PICK-UP Received between 7/9 and 8/19/22	ON SITE Received after 8/19/22	
DC REGISTRATION IN PERSON CONVENTION (UP TO 20 HOURS C.E. + EXPO ACCESS)				
FCA Member Student	<i>*Includes 3 hours of HIV on-demand, through Chirolearn.org</i>	FREE!	FREE!	FREE!
*FCA Member 1st Year DC		FREE!	FREE!	FREE!
FCA Member DC		\$230	\$280	\$310
Non-member DC		\$465	\$500	\$525
FCA Member DC Up to 16 In-Person CE hours + 4 On Demand		\$270	\$320	\$350
Non-Member DC Up to 16 In-Person CE hours + 4 On Demand		\$505	\$540	\$565
FCA Member First-Year Florida DC Up to 16 In-Person CE hours + 4 On Demand		\$40	\$45	\$50
ADDITIONAL TRAINING OPTIONS All CAs in attendance must be registered for convention.				
DABCI MODULE I - 12 hours Training		----- No additional charge -----		
Neurology Diplomate (ACNB) - 4 hours training DCs		----- Add on price of \$140 -----		
Remarkable Growth: The Ultimate Team Building Playbook - 4 hours		----- DC add on price of \$99 ----- DC + Unlimited Office Staff add on price of \$149		
Dr. Dubarry's Bootcamp: Adjusting the Thoracic Spine - (Bring your own portable table) - 6 hours		----- Add on price of \$150 -----		
STAFF DISCOUNT SPECIAL! NEW LOWER PRICES!				
FCA Member DC's staff – CCPAs (up to 12 hours + Expo), CAs (class admission + Expo), Other Staff	\$50	\$65	\$80	
Non-member DC's staff – CA/CCPA/Other Staff	\$80	\$95	\$110	
CA/CCPA who holds his/her own membership	\$40	\$55	\$70	
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 (No class admittance or CE included!)				
FCA Member DC or Staff	\$25	\$35	\$50	
FCA Non-member DC or Staff	\$40	\$50	\$60	
Family Pass	\$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 August 19 via credit card.

Cancellation Policy: Cancellations received by August 19, 2022, will receive a refund of The National Convention & Expo fees, less a \$30 processing charge per registrant. Cancellations after August 19, 2022, will not be refunded. Should the FCA cancel due to COVID related issues, pre-registration fees will be refunded in full. Family Pass/Expo Pass is not refundable nor transferable.

YOUR IN-PERSON CONVENTION REGISTRATION ADMITS YOU INTO OUR EXHIBIT SHOW FLOOR!

THE NATIONAL 2022 REGISTRATION FORM

EXPRESS BADGE SERVICE: Those who register by July 29, 2022, will have your badge(s) mailed to you by August 2nd, 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

In-Person (up to 20 hours CE) + Expo Combo (up to 16 hours CE live + 4 hours virtual) + Expo \$ _____

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 (DABCI) Training	\$ FREE
	Neurology Diplomate (ACNB) Training	\$ _____
	Remarkable Growth: The Ultimate Team Building Playbook	\$ _____
	Dr. Dubarry's Bootcamp: Adjusting the Thoracic Spine	\$ _____

STAFF DISCOUNT SPECIAL! BRING YOUR ENTIRE STAFF!

CAs and CCPAs registering with your doctor! Includes admission to classes and expo areas.

ADDITIONAL STAFF	Staff Member #1 – Name: (first, last) _____ \$ _____
	CCPA CI# _____ CA _____ Other _____
	Staff Member #2 – Name: (first, last) _____ \$ _____
	CCPA CI# _____ CA _____ Other _____
	Staff Member #3 – Name: (first, last) _____ \$ _____
CCPA CI# _____ CA _____ 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)	
	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 \$_____ FCF \$ _____
to my registration. Please forward these dollars to FCF.

Your registration fee includes admission to all educational programs, exposition, morning coffee, afternoon breaks, as well as sponsored lunches and receptions. Make checks payable to Florida Chiropractic Association (FCA). Please return this form with payment to: Florida Chiropractic Assn., PO Box 783397, Winter Garden, FL 34778 (407) 654-3225 or register via our website: www.TheNationalChiro.com. **TOTAL** _____

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