

## AUGUST 25-28, 2022

Each DC & CCPA in their 1st year of licensure who attend virtually, will receive a complimentary **HIV/AIDS 3-hour class** as needed your first biennium.

Once you register for this event, please see the "order receipt" for further instructions.

### VIRTUAL EVENT REGISTRATION

I understand that signing up for this event means that I will have access to preselected classes, inclusive of Florida requirements. I also understand that I will need to be positioned in front of a computer equipped with a camera and internet access to achieve my CE's virtually. Attendance will be taken by visual virtual presence, as required by the Florida Board of Chiropractic Examiners.

You may only register 1 DC per registration form, that is looking to acquire Continuing Education credit.

Name (first, last) \_\_\_\_\_  
 DC License # (CH) \_\_\_\_\_ School You Attended \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ E-mail \_\_\_\_\_  
 Office Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 I am a:  DC  FL 1st-Year DC  YES! I would like important class and attendance reminders texted to me while attending this event.\*

\*Terms of Use: By agreeing to the above you will receive notices regarding convention-related information at this event. This number will not be used for messaging in any other regard. You may discontinue messaging by replying with STOP at any time.

Virtual registrations must be received by **August 19, 2022** to attend.

	EARLY REGISTRATION: Received by 7/8/22	PRE-REGISTRATION: Received between 7/9 and 8/19/22	
20 hours of Live-Streamed CE	FCA Member DC	\$330	\$380 \$ _____
	Non-Member DC	\$525	\$575 \$ _____
	FCA Member First-Year Florida DC	\$200	\$200 \$ _____
12 hours of Live-Streamed CE for CCPA's	FCA Member DC's - CCPA	_____	\$170 _____ \$ _____
	Non-Member DC's - CCPA	_____	\$200 _____ \$ _____
	CCPA who maintains his/her OWN membership	_____	\$150 _____ \$ _____
	CCPA #1 Name: (first, last) _____		_____ \$ _____
	Email: _____ CCPA CI# _____		_____ \$ _____
	CCPA #2 Name: (first, last) _____		_____ \$ _____
	Email: _____ CCPA CI# _____		_____ \$ _____
CCPA #3 Name: (first, last) _____		_____ \$ _____	
Email: _____ CCPA CI# _____		_____ \$ _____	
CCPA #4 Name: (first, last) _____		_____ \$ _____	
Email: _____ CCPA CI# _____		_____ \$ _____	
<b>TOTAL:</b>			<b>\$ _____</b>

**Bonus!** You will automatically receive a complimentary subscription to **CHIROPRACTIC ECONOMICS MAGAZINE** (  check this box to opt out)

Your registration fee includes admission to all educational programs and exposition. **CHECK(S) MADE 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 web site: [www.TheNationalChiro.com](http://www.TheNationalChiro.com).

**Cancellation Policy:** Cancellations received by August 19, 2022, will receive a refund of The National Registration Fees, less a \$30 processing charge per registrant. Cancellations after August 19, 2022, will not be refunded.

\*Any net revenues from FCA events are re-invested in the profession for your benefit rather than for personal gain.

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 [www.TheNationalChiro.com](http://www.TheNationalChiro.com) via credit card.