

THE NATIONAL

BY FCA

WORLD'S LARGEST EVENT FOR CHIROPRACTIC

AUGUST 15-18, 2024

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.

You will receive further instructions after the event.

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 Hours 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 **11:59pm on Friday August 9th** to attend.

PRE-CONFERENCE
Received by 11:59pm 8/9/24

20 hours of Live-Streamed CE

<input type="checkbox"/> FCA Member DC	\$380	\$ _____
<input type="checkbox"/> Non-Member DC	\$575	\$ _____
<input type="checkbox"/> FCA Member First-Year Florida DC	\$200	\$ _____

12 hours of Live-Streamed CE for CCPAs

<input type="checkbox"/> FCA Member DC's - CCPA	\$170	\$ _____
<input type="checkbox"/> Non-Member DC's - CCPA	\$200	\$ _____
<input type="checkbox"/> 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# _____

TOTAL:

\$ _____

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.

Cancellation Policy: Cancellations received by August 9, 2024, will receive a refund of The National Registration Fees, less a \$30 processing charge per registrant. Cancellations after August 9, 2024, 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 via credit card.