

Pre-registrations must be received by **11:59pm August 9, 2024** or on site rates apply

For **DISCOUNTED** rates for single/double rooms, make a room reservation for the event at [TheNationalChiro.com](http://TheNationalChiro.com) or call directly at 1-800-233-1234; mention Group Code G-ASJB and that you are a Florida Chiropractic Attendee, when making a reservation.

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](http://TheNationalChiro.com) before 11:59pm August 9, 2024 via credit card.

**CANCELLATION POLICY:** Cancellations received by August 9, 2024, will receive a refund of The National Convention & Expo fees, less a \$30 processing charge per registrant. Cancellations after August 9, 2024, will not be refunded. Family Pass/Expo Pass is not refundable nor transferable.

REGISTRATION CATEGORY		PRE-CONFERENCE Received by 11:59pm 8/9/24	ON SITE THURSDAY/FRIDAY/ SATURDAY ONLY
<b>DC REGISTRATION IN PERSON CONVENTION (UP TO 20 HOURS C.E. + EXPO ACCESS)</b>			
<b>FCA Member Student</b>	<i>*Includes 3 hours of HIV on-demand, through Chirolearn.org</i>	FREE!	FREE!
<b>*FCA Member 1st Year DC</b>		FREE!	FREE!
<b>FCA Member DC</b>		\$275	\$350
<b>Non-member DC</b>		\$450	\$525
<b>FCA Member DC</b> Up to 16 In-Person CE hours + 4 On Demand		\$320	\$395
<b>Non-Member DC</b> Up to 16 In-Person CE hours + 4 On Demand		\$525	\$600
<b>FCA Member First-Year Florida DC</b> Up to 16 In-Person CE hours + 4 On Demand		\$45	\$45
<b>ADDITIONAL TRAINING OPTIONS</b>			
<b>DABCI MODULE I</b> - 12 hours Training		No additional charge	
<b>ACNB</b> - 4 hours training		Add on price of \$120	
<b>CBD Competency Course -Basic</b> - 4 hour training		Add on price of \$125	
<b>CBD Competency Course -Advanced</b> - 8 hour training		Add on price of \$250	
<b>Speak Up And Lead Training</b> - 6 hours training		Add on price of \$295	
<b>Human Metabolic Research &amp; Development Organization Certification</b> - 6 hours		Add on price of \$150	
<b>Mental Health Gym for the Brain Workshop</b>		Add on price of \$125	
<b>BRING YOUR OFFICE STAFF</b>			
<b>FCA Member DC's staff</b> – CCPAs (up to 12 hours + Expo), CAs (class admission + Expo), Other Staff		\$60	\$80
<b>Non-member DC's staff</b> – CA/CCPA/Other Staff		\$95	\$110
<b>CA/CCPA who holds his/her own membership</b>		\$50	\$70
<b>OTHER REGISTRATION</b>			
<b>Other Allied Health Care Practitioners (AP/DOM/LAc, DO, MD, ND, PhD, RPH, guests)</b> <i>Allied Health NOT submitted for CEU approval.</i>		\$200	\$275
<b>3-Day EXPO PASS ONLY</b> (No class admittance or CE included!)			
FCA Member DC or Staff	<i>Passes are Non-Refundable nor transferable</i>	\$35	\$50
FCA Non-member DC or Staff		\$50	\$60
Family Pass		\$20	\$20

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

# THE NATIONAL 2024 REGISTRATION FORM

..... 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 on demand) + Expo \$ \_\_\_\_\_

Diplomate fee to cover maintenance of transcripts. Options are only offered to DC's attending in person for CE's.

**ADDTL TRAININGS**

Internist Diplomate Courses (DABCI) Training \$ FREE

ACNB \$ \_\_\_\_\_

CBD Competency Course -Basic \$ \_\_\_\_\_

CBD Competency Course -Advanced \$ \_\_\_\_\_

Speak Up And Lead Training \$ \_\_\_\_\_

Human Metabolic Research & Development Organization Certification \$ \_\_\_\_\_

Mental Health Gym for the Brain Workshop \$ \_\_\_\_\_

## 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**

**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](http://www.TheNationalChiro.com).

**TOTAL** \_\_\_\_\_

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