



**PRE-REGISTRATIONS MUST BE RECEIVED BY AUGUST 8TH, 2025  
OR ON-SITE RATES APPLY**

**PRE-CONFERENCE**  
Received by 11:59pm  
8/8/25

**ON-SITE RATE**  
Thursday/Friday  
/Saturday ONLY

<b>DC REGISTRATION IN PERSON CONVENTION</b> (UP TO 20 HOURS CE + EXPO ACCESS)	<input type="checkbox"/> FCA Member Student	FREE!	FREE!	FREE!
	<input type="checkbox"/> *FCA Member 1st Year DC <i>*Includes in-person HIV course.</i>	FREE!	FREE!	FREE!
	<input type="checkbox"/> FCA Member DC	285	360	\$ _____
	<input type="checkbox"/> Non-member DC	460	535	\$ _____
	<input type="checkbox"/> FCA Member DC - (up to 16 hours in-person CE hours + 4 hours on-demand)	330	405	\$ _____
	<input type="checkbox"/> Non-Member DC - (up to 16 hours in-person CE hours + 4 hours on-demand)	535	610	\$ _____
	<input type="checkbox"/> FCA Member First-Year Florida DC - (up to 16 hours in-person CE hours + 4 hours on-demand)	55	55	\$ _____
<b>ADD-ON TRAINING OPTIONS</b>	<input type="checkbox"/> DABCI MODULE I - (12 hours training)	0	0	\$ _____
	<input type="checkbox"/> ACNB - (4 hours training)	130	130	\$ _____
	<input type="checkbox"/> Sports Training & CCSP	100	100	\$ _____
	<input type="checkbox"/> Human Metabolic Research & Development Organization Certification - (6 hours)	160	160	\$ _____
	<input type="checkbox"/> The Ultimate CA - Master Class - (4 hours training CA)	59	59	\$ _____
	<input type="checkbox"/> Dry Needling - (Foundation Course 27 hours)	1000	1000	\$ _____
	<input type="checkbox"/> Dry Needling - (Advanced Course 27 hours)	1000	1000	\$ _____
	<input type="checkbox"/> Federal Workers Compensation Program - (4 hours)	300	300	\$ _____
<b>BRING YOUR OFFICE STAFF</b>	<input type="checkbox"/> FCA Member DC's staff - CCPAs (up to 12 hours + Expo), CAs (class admission + Expo), Other Staff	70	90	\$ _____
	<input type="checkbox"/> Non-member DC's staff - CA/CCPA/Other Staff	105	120	\$ _____
	<input type="checkbox"/> CA/CCPA who holds his/her own membership	60	80	\$ _____
<b>OTHER REGISTRATION</b>	<input type="checkbox"/> Other Allied Health Care Practitioners - (AP/DOM/LAc, DO, MD, ND, PhD, RPH, guests) <i>Allied Health NOT submitted for CEU approval.</i>	210	285	\$ _____
<b>3-DAY EXPO PASS ONLY</b> (NO CLASS ACCESS OR CE INCLUDED)	<input type="checkbox"/> FCA Member DC or Staff	45	60	\$ _____
	<input type="checkbox"/> FCA Non-member DC or Staff <i>Passes are non-refundable nor transferrable.</i>	60	70	\$ _____
	<input type="checkbox"/> Family Pass	30	30	\$ _____

**SPECIAL EVENT FRIDAY 6-7PM**

**UNLEASH THE ULTIMATE YOU: WITH GARY BRECKA – DESIGNED FOR CHIROPRACTORS. BUILT FOR LIFE.**  
Below discounted pricing for National 2025 attendees only. Limited seating—registration required. Badges will be checked at the door. Reserve your tickets when registering. All attending must be registered for the convention, in order to receive the below pricing.

<b>FCA MEMBER ATTENDEE</b>	<input type="checkbox"/> FCA Member: Single Ticket   FREE + VIP Meet & Greet	FREE!	\$ _____
	<input type="checkbox"/> FCA Member: Plus 1 Package (2 tickets) + VIP Meet & Greet	49	\$ _____
	<input type="checkbox"/> FCA Member: Party Package (6 tickets) + VIP Meet & Greet	248	\$ _____
<b>FCA NON-MEMBER ATTENDEE</b>	<input type="checkbox"/> FCA Non-Member: Single Ticket	49	\$ _____
	<input type="checkbox"/> FCA Non-Member: Plus 1 Package (2 tickets)	99	\$ _____
	<input type="checkbox"/> FCA Non-Member: Party Package (6 tickets)	297	\$ _____

**TOTAL: \$ \_\_\_\_\_**

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

Book discounted rooms at [TheNationalChiro.com](http://TheNationalChiro.com) or call 1-800-233-1234.  
Use Group Code G-KUP4 and mention Florida Chiropractic.

**Cancellation Policy:** Cancellations by August 8, 2025, will be refunded minus a \$30 processing fee. No refunds for cancellations after August 8, 2025. A one-time transfer to another convention within the same year is available if requested within 2 weeks post-event. Family/Expo passes are non-refundable and nontransferable.

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 8, 2025 via credit card for this discounted rate. Otherwise on-site rates will apply.



**THE NATIONAL 2025 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 INFORMATION**

Full Name  DC License # (CH)

Mailing Address

City  State  Zip

Cell Phone  Email

Office Phone  Fax

I am a  DC  FL 1st-Year DC  Student

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

**STAFF DISCOUNT SPECIAL! BRING YOUR ENTIRE STAFF!**

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

**Staff Member #1:**

Full Name  \$ \_\_\_\_\_

Email  CCPA CI#   Other Staff/Guest

**Staff Member #2:**

Full Name  \$ \_\_\_\_\_

Email  CCPA CI#   Other Staff/Guest

**Staff Member #3:**

Full Name  \$ \_\_\_\_\_

Email  CCPA CI#   Other Staff/Guest

FL License AP/DOM/LAc  Other Allied Health Care Practitioners (DO, MD, ND, PhD, RPH, guests)

Full Name  Degree/Title  State  \$ \_\_\_\_\_

**3-Day Expo ONLY Pass** - (Name of DC needed if different from above. Unless specified, address above will be used.)

Full Name  \$ \_\_\_\_\_

**Family Passes\* with doctor's registration** (\*must be immediate family)

Full Name #1  Relationship  Email  \$ \_\_\_\_\_

Full Name #2  Relationship  Email  \$ \_\_\_\_\_

**ChiroPAC support!** I want to support ChiroPAC NOW and have added \$\_\_\_\_\_ to my registration. 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. \$ \_\_\_\_\_

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!  Check this box to opt in.