



**PRE-REGISTRATIONS MUST BE RECEIVED BY JULY 31, 2026**  
OR STANDARD RATES APPLY

**EARLY RATE**  
Received by 11:59pm  
7/31/26

**STANDARD RATE**  
After 7/31/26

		EARLY RATE	STANDARD RATE	
DC REGISTRATION IN PERSON CONVENTION (UP TO 20 HOURS C.E. + EXPO ACCESS)	<input type="checkbox"/> FCA Member Student	FREE!	FREE!	FREE!
	<input type="checkbox"/> FCA Member 1st Year FL DC	FREE!	FREE!	FREE!
	<input type="checkbox"/> FCA Member DC	290	370	\$ _____
	<input type="checkbox"/> Non-member DC	465	545	\$ _____
	<input type="checkbox"/> <b>COMBO:</b> FCA Member DC - (up to 16 hours in-person CE hours + 4 hours on-demand)	335	415	\$ _____
	<input type="checkbox"/> <b>COMBO:</b> Non-Member DC - (up to 16 hours in-person CE hours + 4 hours on-demand)	540	620	\$ _____
	<input type="checkbox"/> <b>COMBO:</b> FCA Member First-Year Florida DC - (up to 16 hours in-person CE hours + 4 hours on-demand)	60	65	\$ _____
ADD-ON TRAINING OPTIONS	<input type="checkbox"/> CCSP - (8 hours training)	150	150	\$ _____
	<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"/> Third-Year Student Dry Needling - (Foundation Course 27 hours)	600	600	\$ _____
	<input type="checkbox"/> Activator Basic Training - (6 hours)	249	249	\$ _____
	<input type="checkbox"/> Jackson Cranio-Cervical Junction Method - (4 hours)	399	399	\$ _____
	<input type="checkbox"/> Learn the Chance (HRT) Hypothalamic Reset Technique - (8 hours)	199	199	\$ _____
	<input type="checkbox"/> CPR Certification - American Red Cross - (3 hours)	80	80	\$ _____
	<input type="checkbox"/> Women Doctors of Chiropractic Luncheon & Networking	40	40	\$ _____
	<input type="checkbox"/> For Attendees Only: Watch Windermere Sessions Again	50	50	\$ _____
Exclusive on-demand access to 24 hours of convention courses—available post-convention (not for CE)				
<b>Ascend - Mentor Program - (Assigned Seating)</b>				
	<input type="checkbox"/> Next Gen (≤10 yrs in practice)	FREE!	FREE!	FREE!
	<input type="checkbox"/> Mentor (≥30 yrs in practice)	FREE!	FREE!	FREE!
BRING YOUR OFFICE STAFF	<input type="checkbox"/> FCA Member DC's staff - CCPAs (up to 12 hours + Expo), CAs (class admission + Expo), Other Staff	75	100	\$ _____
	<input type="checkbox"/> Non-member DC's staff - CA/CCPA/Other Staff	110	130	\$ _____
OTHER	<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	\$ _____
3-DAY EXPO PASS ONLY (NO CLASS ATTENDANCE, CE INCLUDED)	<input type="checkbox"/> FCA Member DC or Staff	45	60	\$ _____
	<input type="checkbox"/> FCA Non-member DC or Staff	60	70	\$ _____
	<input type="checkbox"/> Family Pass	30	30	\$ _____
<b>TOTAL: \$ _____</b>				



**Upgrade Your Online Presence with a Headshot That Works! Professional headshots with Dreamscape\*.**

\$25 per headshot     \$100 for headshot + 2 VIP tickets to "Prohibition Party - With A Purpose!" Friday night. Includes a hosted bar and hors d'oeuvres.

Chiro-PAC\* Support! I am not participating in the headshot, but would still like to attend the "Prohibition Party - With A Purpose!" Event (a donation of \$50+ is required). I have added \$\_\_\_\_\_ to my registration.

\*All proceeds go to Chiro-PAC. Sponsored and paid for by Chiro-PAC, 120 S Monroe Street, Tallahassee, FL 32301. Contributions are not deductible for federal income tax purposes.

**SPECIAL EVENT SATURDAY 6-7PM**

Convention ticket purchase includes access to our special Saturday night event:

**"ALREADY WON" WITH GARRET GUNDERSON — DESIGNED FOR CHIROPRACTORS. BUILT FOR LIFE.**

Will you attend "Already Won" on Saturday night?     Yes, I will attend!     No, I cannot attend.

**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-FLG6** and mention Florida Chiropractic.

**Cancellation Policy:** Cancellations by July 31, 2026, will be refunded minus a \$30 processing fee. No refunds for cancellations after July 31, 2026. 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 July 31, 2026 via credit card.



**THE NATIONAL 2026 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 **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  \$ \_\_\_\_\_

**Chiro-PAC support!** I want to support Chiro-PAC NOW and have added \$\_\_\_\_\_ to my registration. Please forward these dollars to Chiro-PAC. \$ \_\_\_\_\_

**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 in the Expo Hall. 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.