



VIRTUAL REGISTRATION

Join us online for a convenient, engaging experience
—earn all 20 CE hours from the comfort of home:
Thursday 1-5pm, Friday & Saturday 8am-5pm.

Each DC & CCPA in their 1st year of licensure who attends virtually will receive a complimentary **on-demand HIV course** as required for your first biennium. Further instructions will be provided after the event.

IN CASE OF AN AUDIT, ALL OFFICE CONTACT INFO REQUIRED FOR 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 attend this virtual session using a computer with internet access to achieve my CE hours. Attendance will be tracked per the requirements of the Florida Board of Chiropractic Medicine.

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

Full Name	<input type="text"/>	DC License # (CH)	<input type="text"/>
School You Attended	<input type="text"/>	Mailing Address	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
Cell Phone	<input type="text"/>	Email	<input type="text"/>
Office Phone	<input type="text"/>	Fax	<input type="text"/>

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.

*By participation in this event, FCA may display and use any photography or videography captured at the event for advertising, display, website and internet promotion at our discretion.

VIRTUAL REGISTRATIONS MUST BE RECEIVED BY JULY 31ST, 2026 TO ATTEND

EARLY RATE
Received by
7/31/26

<input type="checkbox"/> FCA Member DC	\$390	\$ _____
<input type="checkbox"/> Non-Member DC	\$585	\$ _____
<input type="checkbox"/> FCA Member First-Year Florida DC	\$210	\$ _____

<input type="checkbox"/> FCA Member DC's - CCPA	\$180	\$ _____
<input type="checkbox"/> Non-Member DC's - CCPA	\$210	\$ _____

CCPA #1:

Full Name Email CCPA CI# \$ _____

CCPA #2:

Full Name Email CCPA CI# \$ _____

CCPA #3:

Full Name Email CCPA CI# \$ _____

CCPA #4:

Full Name Email CCPA CI# \$ _____

TOTAL:
\$ _____

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 Friday, 7/31/26 will be refunded minus a \$30 processing fee per registrant. No refunds for cancellations after 7/31/26

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 via credit card.

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

20 HOURS OF
LIVESTREAMED
CE

12 HOURS OF LIVE-STREAMED CE FOR CCPAs

Bonus! You will automatically receive a complimentary subscription to Chiropractics Economic Magazine.

Check this box to opt out.