THE NATIONAL BY FCA
WORLD'S LARGEST EVENT FOR CHIROPRACTIC

August 13-15, 2026
Orlando, FL

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	
DC REGISTRATION IN PERSON CONVENTION (UP TO 20 HOURS C.E. + EXPO ACCESS)			
☐ FCA Member Student	FREE!	FREE!	FREE!
☐ FCA Member 1st Year FL DC	FREE!	FREE!	FREE!
☐ FCA Member DC	290	370	$ ____
☐ Non-member DC	465	545	$ ____
☐ **COMBO:** FCA Member DC - (*up to 16 hours in-person CE hours + 4 hours on-demand*)	335	415	$ ____
☐ **COMBO:** Non-Member DC - (up to 16 hours in-person CE hours + 4 hours on-demand)	540	620	$ ____
☐ **COMBO:** FCA Member First-Year Florida DC - (up to 16 hours in-person CE hours + 4 hours on-demand)	60	65	$ ____
ADD-ON TRAINING OPTIONS			
☐ CCSP - *(8 hours training)*	150	150	$ ____
☐ The Empowered CA - *(4 hours training CA)*	59	59	$ ____
☐ Dry Needling - *(Foundation Course 27 hours)*	1000	1000	$ ____
☐ Third-Year Student Dry Needling - *(Foundation Course 27 hours)*	600	600	$ ____
☐ Activator Basic Training - (*6 hours)*	FREE!	FREE!	$ ____
☐ Jackson Cranio-Cervical Junction Method - (*4 hours)*	399	399	$ ____
☐ Learn the Chance (HRT) Hypothalamic Reset Technique - *(8 hours)*	199	199	$ ____
☐ CPR Certification - American Red Cross - *(3 hours)*	80	80	$ ____
☐ Women Doctors of Chiropractic Luncheon & Networking (Friday, 12-1pm)	40	40	$ ____
☐ For Attendees Only: Watch Windermere Sessions Again Exclusive on-demand access to 24 hours of convention courses—available post-convention (not for CE)	50	50	$ ____
Ascend - Mentor Program - *(Assigned Seating)*			
☐ Next Gen *(≤10 yrs in practice)*	FREE!	FREE!	FREE!
☐ Mentor *(≥30 yrs in practice)*	FREE!	FREE!	FREE!
BRING YOUR OFFICE STAFF			
☐ FCA Member DC's staff - CCPAs *(up to 12 hours + Expo)*, CAs *(class admission + Expo)*, Other Staff	75	100	$ ____
☐ Non-member DC's staff - CA/CCPA/Other Staff	110	130	$ ____
OTHER			
☐ Other Allied Health Care Practitioners - (AP/DOM/LAc, DO, MD, ND, PhD, RPH, guests) *Allied Health NOT submitted for CEU approval.*	210	285	$ ____
3-DAY EXPO PASS ONLY (NO CLASS ADMITTANCE OR CE INCLUDED!)			
☐ FCA Member DC or Staff	45	60	$ ____
☐ FCA Non-member DC or Staff — ***Passes are non-refundable nor transferrable.***	60	70	$ ____
☐ Family Pass	30	30	$ ____

TOTAL: $ ____

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 6-7:00 PM

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

MAKE, KEEP, GROW AND MULTIPLY YOUR MONEY. — WITH GARRETT GUNDERSON

Busting money myths, putting more money in your pocket, and the decisions that shape both business performance and personal outcomes. Don't miss your chance to win a FREE copy of Garrett's new book, Money Unmasked!

Will you attend? ☐ Yes, I will attend! ☐ No, I cannot attend.

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

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

Book discounted rooms at 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 before 11:59pm July 31, 2026 via credit card.

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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.

OFFICE STAFF

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 _____ $ ____

EXPO

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

Full Name _____ $ ____

FAMILY

☐ **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.