



INDIANA STATE CHIROPRACTIC ASSOCIATION

CHIROPRACTOR OF THE DAY REGISTRATION

Please check the date(s) that you are willing to volunteer.

If you have any special needs, please note so near the box. You will receive a confirmation with directions once we have received your request and signed you up. Dates will be provided on a first come first served basis.

If you can only serve a half-day session (9AM - 12PM or 1PM - 5PM), please circle the appropriate half-day you can work. If you DO NOT circle a half-day, you will be signed up for the full-day session.

DATES	AM	PM	DATES	AM	PM
JAN. 3			FEB. 16	DR. RICHARD HILTON	DR. RICHARD HILTON
JAN. 5	DR. CLEMENTS	DR. CLEMENTS	FEB. 21	DR. VUOTTO	
JAN. 10		DR. CURT HARRIS	FEB. 23		DR. HARTWELL
JAN. 12			FEB. 28		
JAN. 17			MAR. 1		
JAN. 19	DR. DEREK DYER	DR. DEREK DYER	MAR. 6		
JAN. 24			MAR. 8	DR. BREGER	
JAN. 26			MAR. 13		
JAN. 31			MAR. 15		DR. WOLF
FEB. 2					
FEB. 7					
FEB. 9					
FEB. 14					

CONTACT INFORMATION

Name: _____ Clinic: _____
 Clinic Name: _____ Clinic Address: _____
 City: _____ State: _____ Zip: _____
 Home Address _____ City _____ State _____ Zip: _____
 E-mail: _____ Clinic Website: _____
 Clinic Phone: _____ Fax: _____ Mobile: _____
 Attendees: _____

Would you like information on the State House *Page for a Day* program for your school age child? Yes No

Please include a copy of your malpractice insurance certificate when registering.

For more information please call 317.673.4245 or visit www.indianastatechiros.org