

ISCA SPRING CONFERENCE:

Questions? Call 800.572.8002 toll free, 317.673.4245.

FEB. 24-26, 2012 | HILTON INDIANAPOLIS NORTH
REGISTER ONLINE AT WWW.INDIANASTATECHIROS.ORG

CONTACT INFORMATION *Conference confirmation will be mailed to this address.*

Register by Feb. 10 & Save!

Clinic Name _____ Contact Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Phone () _____ Fax () _____

EARLY BIRD RATES Register before February 10 and save!		
Early Bird 12 Hour Full Conference Rates		
Platinum Members	Complimentary	
Gold & Silver Members	\$350	
Member (in good standing)	\$400	
Non Member	\$535	
Early Bird 8 Hour Conference Rates		
Platinum Members	Complimentary	
Gold & Silver Members	\$230	
Member (in good standing)	\$270	
Non Member	\$330	
Early Bird 4 Hour Conference Rates		
Platinum Members	Complimentary	
Gold & Silver Members	\$145	
Member (in good standing)	\$165	
Non Member	\$230	

RATES AFTER FEBRUARY 10, 2012		
12 Hour Full Conference Rates		
Platinum Members	Complimentary	
Gold & Silver Members	\$400	
Member (in good standing)	\$450	
Non Member	\$585	
8 Hour Conference Rates		
Platinum Members	Complimentary	
Gold & Silver Members	\$280	
Member (in good standing)	\$320	
Non Member	\$380	
4 Hour Conference Rates		
Platinum Members	Complimentary	
Gold & Silver Members	\$195	
Member (in good standing)	\$215	
Non Member	\$280	

Non D.C. Rates		
CA (up to 8 hrs)	\$109	
Non D.C. Guest / Student	\$75	
Non D.C. Guest / Student <i>if taking in conjunction w/ 12 Hr CE registration</i>	\$45	

Extras		
Lunch <i>(1 included w/ 8 & 12 hr registrations)</i>	\$30	
CPR Training	\$75	
CPR Training & Registered 12 hrs	\$45	

DR. KIM CHRISTENSEN ●
Friday (5:30-PM - 9:30PM) 4 HRS

DR. KIM CHRISTENSEN
Saturday (2PM-6PM) 4 HRS

CPR ●
Sunday (8AM-12PM) 4HRS

DR. KIM CHRISTENSEN
Saturday (8AM-12PM) 4 HRS

DR. YOCHUM
Saturday (2PM-6PM) 4 HRS

DR. HODGES ●
Sunday (8AM-12PM) 4HRS

DR. YOCHUM
Saturday (8AM-12PM) 4 HRS

Saturday Luncheon & Membership Meeting
YES ___ NO ___ ● = RISK MANAGEMENT

PAYMENT METHOD *To receive advance registration rate, this form must be postmarked on or before February 10, 2012. Payment must accompany registration to be processed.*

Enclosed is my check for \$_____ (make payable to ISCA)
Mail to: Indiana State Chiropractic Association, 200 S. Meridian St., Suite 350, Indianapolis, IN 46225

I am faxing this form with my credit card as payment. Fax form to 317.673.4210
Charge my total to: American Express MasterCard Visa Discover CID _____ (3-digit # found on the back of the card on the signature line)

Card # _____ Exp. Date _____

Name on Card _____

Signature _____ If you have a special dietary or accommodation need, please check here and we will call you.

Confirmation/Cancellation Refunds: All registrations received will be confirmed by fax and/or mail. If you must cancel for any reason, notify us in writing by February 10, 2012 to receive a 90% refund. No refunds will be given for cancellations received after February 10, 2012.