

PEDIATRICS 101



REGISTRATION FORM

Name _____

Office address _____

City _____ State _____ Zip _____

Email Address _____ Phone _____

REGISTRATION FEES

	By 4/17	After 4/17
DC ICA/ICA Pediatrics Council Member.....	\$199	\$229
DC Pennsylvania Chiropractic Association Member.....	\$199	\$229
DC Non-Member.....	\$249	\$279

Includes 8 hours CE for PA (applied for by Palmer College)

TOTAL: \$ _____

Payment by: Check

Visa/Mastecard

Am Express

Account # _____ Exp Date _____ CVV _____

Cancellation policy: Registration refunded less 15% administration fee.

Register by phone: 571-765-7554

By fax: 703-351-7893 or 703-528-5023

Online: www.icapediatrics.com/seminars

By Mail: ICA Council on Chiropractic Pediatrics
6400 Arlington Blvd, Suite 800
Falls Church, VA 22042