

PLEASE Select all of the sessions you plan to attend

Doctors' Courses

Friday (April 8th)

Pam Traylor-Rosado - Update 2005 (Part 1)

_____ 8 am to 12 pm (4 hrs)

Dr. Aubrey J. Hough - Terrorism Preparedness

_____ 1:30 pm to 5:30 pm (4 hrs)

Saturday (April 9th)

Pam Traylor-Rosado - Update 2005 (Part 2)

_____ 8 am to 10:00 am (2 hrs)

Wynne Dee Throop & Pat Clements
- Arkansas Medicare/Medical Review

_____ 10:00 pm to 12 pm (2 hrs)

Dr. Kurt Larsen - SOT & Cranial Applications

_____ 1:00 pm to 7:00 pm (6 hrs)

Sunday (April 10th)

Dr. Kurt Larsen - SOT & Cranial Applications

_____ 8 am to 2 pm (6 hrs)

Chiropractic Assistants' Courses

Friday (April 8th)

Pam Traylor-Rosado - Update 2005 (Part 1)

_____ 8 am to 12 pm (4 hrs)

Dr. Aubrey J. Hough - Terrorism Preparedness

_____ 1:30 pm to 5:30 pm (4 hrs)

Saturday (April 9th)

Pam Traylor-Rosado - Update 2005 (Part 2)

_____ 8 am to 10:00 am (2 hrs)

Wynne Dee Throop & Pat Clements
- Arkansas Medicare/Medical Review

_____ 10:00 pm to 12 pm (2 hrs)

SPRING SEMINAR REGISTRATION FEES

	<u>Up To</u> <u>12 Hrs.</u>	<u>Over</u> <u>12 Hrs.</u>
1st Year Doctor w/membership	No Chg.	\$ 129
Current ACA Member Doctor	\$ 199	\$ 249
Non-Member Doctor	\$ 299	\$ 349

New ACA Member Doctor
(Not an ACA Member for Past 2 Years)
\$499 Covers Full Member Dues
And Up To 24 Hours at Any ACA Seminar in 2005

<u>Membership Dues</u>	
Full Member -	\$400
1st Yr. Practice (New Graduate) -	\$50
2nd Yr Practice (New Graduate) -	\$200
Student -	\$15
Out of State -	\$50

Chiropractic Assistant of ACA Member	\$ 99
Chiropractic Assistant of Non-ACA Member	\$ 129

Late Registration for Seminar (Add) **\$ 25**
Postmarked After March. 15, 2005

Onsite Registration (Add) \$ 50

TOTAL AMOUNT DUE: \$ _____

Please make copies of this form
and fill out one for each doctor.

Doctor's Name: _____

_____ I am currently an ACA Member

1. CA Name: _____

2. CA Name: _____

3. CA Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

_____ Check Enclosed \$ _____ Ck. # _____

Master Card or VISA only

_____ Bill My Credit Card #: _____

Type of Card: _____

Name on Card: _____

Expiration Date: _____