



# ChiroHealth Educational Seminars

**“Dedicated to provide quality post-graduate Chiropractic Education within the discipline”**

## Seminar Registration Request Form:

Date: \_\_\_\_\_

Seminar Name: \_\_\_\_\_

Seminar Location: City: \_\_\_\_\_ State: \_\_\_\_\_

Seminar Dates: \_\_\_\_\_ Year: \_\_\_\_\_

Doctors Name: \_\_\_\_\_

Office Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DC License #: \_\_\_\_\_ Acupuncture License# \_\_\_\_\_

Office Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

(this e-mail will be used to electronically send your seminar course notes 3 days prior to the seminar)

***Your credit card receipt will be faxed to your office. You are not registered until we receive payment in full.***

**Course Chairman:** Alan L. Palgut, D.C.

**Seminar Information:** 440-449-1020

**Seminar Fax Number:** 440-449-1568

**PAYMENT METHOD:**     MasterCard     Visa

Account#: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name: \_\_\_\_\_

Card Billing Address : \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**PRINT FORM & SUBMIT via FAX: (440) 449-1568**