

ACAS REGISTRATION FORM

- ONE-DAY 24 CEU 12 LIVE + 12 DISTANCE LEARNING 229.99
- ONE-DAY 12 CEU LIVE 129.99
- DISTANCE LEARNING 2 CEU TO 24 CEU – www.acasceu.com – 24 HRS – 365 DAYS
- ½ - DAY 12 CEU 6 LIVE + 6 DISTANCE LEARNING OR Two- ½ DAYS LIVE 159.99
- DOT MEDICAL EXAMINER TRAINING 12 CEU – 12 LIVE 329.99
CORONA LOCATION
- DOT MEDICAL EXAMINER TRAINING DISTANCE LEARNING 229.99

Please print legibly and check spelling: Information from this form will be used by the California State Board of Chiropractic Examiners for YOUR License Renewal.

NAME: _____ LAST NAME: _____ MI: _____

DC LICENSE#: _____ DOB: ___/___/___ E-MAIL: _____@_____.com

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: () _____ - _____ CELL: () _____ - _____ FAX: () _____ - _____

PAYMENT: CHECK VISA MASTER CARD AMEX DISC

CARD #: _____ **CVV#:** _____ **Exp. Date:** ____/____/____

Signature: _____ **Date:** _____

OFFICE USE ONLY: CASH COLLECTED BY _____ DATE _____

Academy of Chiropractic Arts & Science
Brian J. Porteous, Dean

OFFICE: 951-603-0052 MON-FRI 9am-1pm

FAX: 951-277-4668 24 HRS

E-MAIL: acasceu@gmail.com

WEB: www.acasceu.com

Mail: PORTEOUS/ACAS

PO BOX 78327

CORONA, CA. 92877