

2015 NCCA SPRING CONFERENCE

APRIL 17-19 • CHARLOTTE, N.C. • THE WESTIN HOTEL

Please list below the names of each attendee. Be sure to print the names exactly as you wish them to appear on the name badges. Also, don't forget to include any credentials, such as: DC, CA, CCA, RT, etc. Please also check the appropriate box for each attendee.

Name _____ D.C. CA Spouse/Guest Student
 Name _____ D.C. CA Spouse/Guest Student
 Name _____ D.C. CA Spouse/Guest Student
 Name _____ D.C. CA Spouse/Guest Student
 Name _____ D.C. CA Spouse/Guest Student

Chiropractic Office _____

Address _____

City/State/Zip _____ Email _____

	EARLY REGISTRATION <small>(postmarked/faxed by 3/16/15)</small>	REGULAR REGISTRATION <small>(postmarked/faxed by 4/7/15)</small>	LATE REGISTRATION <small>(postmarked/faxed after 4/7/15)</small>	AMOUNT DUE
DOCTORS				
NCCA Member	\$290	\$320	\$350	
NCCA Member (HNS Provider) <i>You must include HNS voucher with this form</i>	\$0	\$320	\$350	
Non-Member	\$390	\$420	\$450	
Member (Within One Year of Graduation)	\$150	\$180	\$210	
Member (Within Two Years of Graduation)	\$175	\$205	\$235	\$ _____
CHIROPRACTIC ASSISTANTS				
NCCA CA Member	\$160	\$190	\$220	
Non-Member	\$200	\$230	\$260	\$ _____
STUDENT/SPOUSE/GUEST				
Spouse/Guest (not attending classes)	\$50	\$80	\$110	\$ _____
Student	\$50	\$80	\$110	
			TOTAL AMOUNT:	\$ _____

PAYMENT METHOD

Check Enclosed Visa MasterCard Discover American Express

Credit Card # _____ Exp. Date _____ Verification # _____

Name on Card _____

*Please mail or fax this form along with full payment to the North Carolina Chiropractic Association
 8412 Falls of Neuse Road • Suite 106 • Raleigh, NC 27615 • 919.832.0611 (Phone) • 919.832.0612 (Fax)*