

Pre-registrations must be received by **August 16, 2019** or on site rates apply

REGISTER BY JULY 26 TO BECOME ELIGIBLE FOR A CHANCE TO WIN A FREE RESORT STAY.

To qualify, make your room reservation at our host hotel and register for the event by July 26, 2019. For special DISCOUNT RATES of just \$195 for single/double rooms (plus \$10 discounted resort fee) before July 29 at our host hotel, register/reserve online at www.TheNationalChiro.com or call directly 1-800-233-1234, mention "The National Florida Chiropractic Attendee or Vendor" when making your reservation.

EXPRESS BADGE SERVICE

Those who register by the Early Bird deadline of July 26, 2019, can request to have your badge(s) mailed to you 2 weeks in advance, so that you can avoid the long registration lines!

Check off the Express Badge Service box at the top of your registration form to take advantage of this expedited service.

If you choose this time-saver, don't forget your badge when you come to convention to avoid a time delay to re-issue your badge!

We're sorry ... but we cannot accept credit cards via telephone for registration. You MUST send us your form and check via mail or register with us online at TheNationalChiro.com before August 16 via credit card.

REGISTRATION CATEGORY	EARLY BIRD received by 7/26/19	BADGE PICK-UP Received between 7/27 and 8/16/19	ON SITE Received after 8/16/19
DC REGISTRATION FCA CONVENTION ONLY (UP TO 20 HOURS C.E. + EXPO ACCESS)			
FCA Member Student	FREE!	FREE!	FREE!
FCA Member 1st Year DC	FREE!	FREE!	FREE!
FCA Member DC	\$215	\$245	\$275
Non-member DC	\$430	\$460	\$490
ADDITIONAL TRAINING OPTIONS			
DABCI MODULE I - 12 hours Training	----- No additional charge -----		
Nutrition Diplomate (ACBN) Training	----- Add on price of \$30 -----		
Neurology Diplomate (ACNB) - 6 hours training DCs	----- Add on price of \$210 -----		
Mally Bootcamp - 6 Hours of Exclusive Shoulder	----- Student - Add \$79 • DCs - Add \$150 -----		
ADDITIONAL SOCIAL OPTIONS (PLEASE CHECK ONLY ONE):			
CPEP HOMECOMING (Must be CPEP certified. Membership will be verified.)	----- FREE -----		
NUHS HOMECOMING	----- Add on price of \$35 -----		
STAFF DISCOUNT SPECIAL! NEW LOWER PRICES!			
FCA Member DC's staff – RCA/CA/CCPA/X-ray Tech	\$50	\$65	\$80
Non-member DC's staff – RCA/CA/CCPA/X-ray Tech	\$80	\$95	\$110
RCA/CA/CCPA/CRT who holds his/her own membership	\$40	\$55	\$70
LMT Up to 18 hours of CE for LMTs: 6 CE hours FL required topics and 12 hands-on CE hours			
FCA Member Doctor's LMT/FSMTA/AMTAs LMT	\$160	\$175	\$200
LMT Student Member of FSMTA or FCA	\$75	\$90	\$115
Non-member LMT	\$210	\$225	\$250
OTHER REGISTRATION			
FL Licensed AP/DOM/LAc	\$185	\$200	\$235
Other Allied Health Care Practitioners (DO, MD, ND, PhD, RPH, guests) <i>Allied Health NOT submitted for CEU approval.</i>	\$185	\$200	\$235
3-Day EXPO PASS ONLY (No class admittance or CE included!)			
FCA Member	\$25		
Non-member	\$50		

Cancellation Policy: Cancellations received by August 16, 2019, will receive a refund of The National Convention & Expo fees, less a \$30 processing charge per registrant. Cancellations after August 16, 2019, will not be refunded.

THE NATIONAL 2019 REGISTRATION FORM

I want EXPRESS BADGE SERVICE and am registering by the early-bird deadline of July 26!
Send all badges to my mailing address below.

..... You may only register one (1) doctor looking to acquire CE per registration form

IN CASE OF AN AUDIT, ALL OFFICE CONTACT INFO REQUIRED FOR REGISTRATION

*Your phone and email information will be accessible by scanning your badge only to the exhibitors that you allow to scan your badge.
 The FCA does not otherwise release this information to vendors. Check here to opt out of this convenient service that gives you control.*

BADGE INFO	Name (first, last) _____		
	Mailing Address _____		
	City/State/Zip _____		
	E-mail _____		
	Office Phone _____	Fax _____	Cell Phone _____
	I am a: DC FL 1st-Year DC STUDENT AP/DOM/Lac		
DC License # (CH) _____ AP/DOM/LAC License # _____			

REGISTER AS - Please enter appropriate fees from accompanying registration info page and total at the bottom

ADDITIONAL TRAININGS	<input type="checkbox"/> Convention (up to 20 hours CE) + Expo Access	\$ _____
	<i>Diplomate fee to cover maintenance of transcripts.</i>	
	Internest Diplomate Courses (DACBI) Training	\$ FREE
	Nutrition Diplomate Courses (ACBN) Training	\$ _____
	Neurology Diplomate (ACNB) Training	\$ _____
	Dr. Mally Hands-On Training: FCA Convention (Up to 20 hours of CE)	\$ _____
<input type="checkbox"/> CPEP Homecoming (Must be CPEP certified. Membership will be verified.)	\$ _____	
<input type="checkbox"/> National University of Health Sciences Homecoming	\$ _____	

STAFF DISCOUNT SPECIAL! BRING YOUR ENTIRE STAFF!

RCAs, CAs, CCPAs and X-ray Techs registering with your doctor! Includes admission to classes and expo areas.

ADDITIONAL STAFF	Staff Member #1 – Name: (first, last) _____	\$ _____
	CCPA Cl# _____ CA/RCA RCA# _____ X-ray CRT# _____ Other _____	
	Staff Member #2 – Name: (first, last) _____	\$ _____
	<input type="checkbox"/> CCPA Cl# _____ <input type="checkbox"/> CA/RCA RCA# _____ <input type="checkbox"/> X-ray CRT# _____ <input type="checkbox"/> Other _____	
	Staff Member #3 – Name: (first, last) _____	\$ _____
	CCPA Cl# _____ CA/RCA RCA# _____ X-ray CRT# _____ Other _____	
<input type="checkbox"/> LMT – Name: (first, last) _____	\$ _____	
License # _____ State _____		

OTHER	FL License AP/DOM/LAC Other Allied Health Care Practitioners (DO, MD, ND, PhD, RPH, guests) –	
	Name: (first, last) _____	\$ _____
	Degree/Title: _____ State _____	

EXPO	<input type="checkbox"/> 3-Day Expo ONLY Pass – (Name of DC needed if different from above. Unless specified, address above will be used.)	
	Name: (first, last) _____	\$ _____

FAMILY	2 Complimentary Family Passes* with doctor's registration (*must be immediate family)	
	Full Name #1 _____ Relationship _____	\$ FREE
	Full Name #2 _____ Relationship _____	\$ FREE

ChiroPAC support! I want to support ChiroPAC NOW and have added \$ _____ to my registration. PAC \$ _____
 Please forward these dollars to ChiroPAC.

Foundation Support! I want to support Florida Chiropractic Foundation NOW and have added \$ _____ FCF \$ _____
 to my registration. Please forward these dollars to FCF.

Your registration fee includes admission to all educational programs, exposition, morning coffee, afternoon breaks, Thursday Opening Reception, Friday Welcome Reception, Saturday Presidential Reception and complimentary daily refreshments in exhibit areas. Make checks payable to Florida Chiropractic Association (FCA). Please return this form with payment to: Florida Chiropractic Assn., 30 Remington Road, Suite One, Oakland, FL 34787 (407) 654-3225 or register via our website: www.TheNationalChiro.com. **TOTAL** _____

BONUS! I would like to receive a complimentary subscription to Chiropractic Economics Magazine!