



ANNUAL CONFERENCE ON CHIROPRACTIC & PEDIATRICS

AUGUST 20-22, 2004 THE WESTIN AT TIMES SQUARE

Name (First Registrant) _____
 Name (Second Registrant) _____
 Address _____ City _____
 _____ State _____ Zip _____
 Chiropractic College (For student registrants) _____
 Phone _____ Fax _____ E-mail _____

REGISTRATION FEES

	By 6/7	After 6/7
Pediatrics Council Member	\$259	\$319
ICA Member DC	\$309	\$369
Non-Member DC	\$339	\$399
Student ICA Member	\$99	\$159
Non Member Student	\$129	\$189

Each registration package includes binder of materials related to lectures, license renewal credits in approved states, and continental breakfasts.

NO REGISTRATIONS ON SITE

CPR Certification Class \$50 additional for Peds Council Member; \$75 additional for ICA Member DC;
 \$100 additional for Non-Member DC \$_____

Registration (s) \$_____

CPR Certification(s) \$_____

TOTAL \$ _____

METHOD OF PAYMENT:

‘ check enclosed

‘ Visa

‘ MasterCard

‘ American Express

Card # _____ Exp. Date _____

Signature _____

THREE WAYS TO REGISTER

By **FAX** (for credit card payments) **703-351-7893**

By **PHONE** (for credit card payments) **1-800-423-4690** (US & Canada) Or **703-528-5000**

By **MAIL** to: ICA Conference on Chiropractic & Pediatrics, 1110 N. Glebe Rd, Suite 1000, Arlington, VA 22201 USA

Refunds will be given for written cancellations made by June 18, 2004 less 15% administrative fee. After June 18, 2004 the cancellation fee is 25%. There will be no refunds after August 19, but fee paid less 25% cancellation fee may be applied toward any other ICA seminar, pediatrics