



2017 PCA ANNUAL CONVENTION ATTENDEE REGISTRATION

FULL NAME (Print Clearly): _____ ☐ DC ☐ CA or STAFF

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

DC LICENSE# (PA): _____ DC LICENSE #(OTHER STATE): _____

☐ YES, I WILL ATTEND THE ANNUAL MEETING OF MEMBERS (boxed lunch provided)

☐ NO, I WILL NOT ATTEND THE ANNUAL MEETING OF MEMBERS (buffet lunch provided in exhibit hall)

How did you hear or learn about the PCA ANNUAL CONVENTION? (please circle or fill in)

Email Postcard Fax PCA WEBSITE Facebook CE seminar Internet Search Colleague/Friend PCA Staff

Other: _____

Please circle the price box for your membership level and registration date:

		PCA MEMBER	NON- MEMBER	CA/ STAFF	STUDENT
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Crack of Dawn Early Bird	May 1 - June 16	\$249	\$349	\$99	\$149
Early Bird	June 17-Aug 31 SEPT 20	\$299	\$399	\$99	\$149
Regular	Sept 21-Oct 20	\$349	\$449	\$129	\$149
Start of Convention-At Door	October 21	\$399	\$499	\$149	\$199

PAYMENT INFORMATION: TOTAL AMOUNT DUE: \$ _____ Check#: _____

Credit Card #: _____ Exp Date: ____ / ____ CCV: _____

Name on Card: _____ Billing Zip Code: _____

Signature: _____ Date: _____

If paying by check, make payable to Pennsylvania Chiropractic Association and mail to: 1335 N. Front St, Harrisburg, PA 17102.
Or fax form to 717-232-8368 (If faxing, please call 717-232-5762 to confirm receipt).

NOTICE: By providing your email and/or fax number you authorize the PCA to send you information about upcoming events, seminars, news or other PCA/chiropractic-related information. **PAYMENT & EARLY-BIRD POLICY:** Your early-bird discount will be cancelled if you do not make your registration payment by the early-bird deadline. **REFUND POLICY:** Written notification of cancellation is required prior to the early bird deadline. A refund will be issued less a \$25 processing fee. NO REFUNDS or credits will be issued after the early bird deadline. NO EXCEPTIONS!