

**ACC-RAC 2010 Registration Form
LAS VEGAS, NV~ March 18 - 20, 2010**

First Name	Last Name	Degrees
Institution (if applicable)		Department
Chiropractic College Graduated From		Year
Street address		
City	State/Prov	Zip Code
Business phone		
E-mail address		

General Category: (check one)

- Teaching faculty
- Researcher or faculty, Non DC organization
- Administrator
- Professional organization representative
- Clinic faculty
- Private practice
- Research faculty
- Professional staff
- Student
- Other _____

ACC Subgroup Category: (only if you are a college faculty or staff member of one of the subgroups)

- Presidents
- Admissions
- Chief Academic Officers
- Chief Financial Officers
- Clinic Directors
- Development
- Financial Aid
- Institutional Assessment
- Librarians
- Post Graduate
- Research Directors

Registration Fees (Please indicate the fees you are paying)

_____ **\$439.00** per conference participant
 _____ **\$225.00** per student participant
 _____ **\$225.00** per non-attending guest (Print name of guest: _____)
 _____ **\$100.00** for continuing education credits

===== **TOTAL FEES DUE** (Please add all applicable fees)

Payment Method:

- Check Enclosed VISA MasterCard

Charge my card No: _____ Total Amount to be charged: _____
 Expiration date: _____ Security code: (03 numbers on the back of the card): _____
 Cardholder's Billing Address Zip Code _____
 Signature: _____ Date: _____