



NEW YORK STATE CHIROPRACTIC ASSOCIATION

www.NYSCA.com



14 CE Credits and 8 Ethics Credits Available!

March 19th – 21st, 2010


Mohegan Sun
 a world at play
 1 Mohegan Sun Blvd, Uncasville CT
www.mohegansun.com

PARKER
SEMINARS
 Chiropractic & CA Programs

Rate Information

	Category	Early	Standard	At the door
<input type="checkbox"/>	NYSCA/CCA Member	\$265	\$305	\$345
<input type="checkbox"/>	1 st Year Licentiate NYSCA/CCA Member	\$115	\$155	\$205
<input type="checkbox"/>	Student NYSCA/CCA Member	\$35	\$35	\$35
<input type="checkbox"/>	Non-Member	N/A	\$405	\$445
<input type="checkbox"/>	50+ years in practice NYSCA/CCA Member	\$0	\$0	\$0
<input type="checkbox"/>	Chiropractic Assistant	\$85	\$100	\$125

*Early received by February 19th, 2010

*Standard received by March 5th, 2010

*At-the-Door received after March 5th, 2010

No refunds for cancellations received after March 12th, 2010

*CE credits sponsored by NYCC

Continuing Education Credits Sponsored by
New York Chiropractic College

CE Notice: Appropriate applications relating to credit hours for license renewal in selected states have been executed for this program. Pending approval, these courses may qualify for 14 hours total of New York mandatory Chiropractic Continuing Education Credits. For information regarding these applications please contact the: NYCC Postgraduate Department at 800-434-3955

Hotel Room Reservations @ Mohegan Sun 1-866-708-1340

Room rate \$225 single/double plus tax.
Additional \$15 per person per room. Mention NYS 10 for group room rate **Room reservations must be made by February 26th, 2010.**
<https://resweb.passkey.com/go/nys10>

**No registrations will be accepted via fax/phone after
March 5th, 2010.
Please register at the door.**

Name: _____
 Address: _____
 City: _____ State: _____ Zipcode: _____
 Office Phone:(____) _____ Office Fax:(____) _____
 Email: _____ NYSCA Member: Yes No
 NY License #: _____ Alt. State: _____ #: _____ FL#: _____
 Chiropractic Assistant: Yes No (CAs must complete a separate registration form)
 One Lunch ticket included in registration for Saturday Chicken Salmon
 Guest Lunch Ticket: \$35.00 _____ Chicken _____ Salmon Children 10 & under: \$20.00 _____ (Children under 2 are free)

Check Enclosed – Mail check payable to ‘NYSCA’
Credit Card - Master Card Visa American Express

Card Number: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____

Billing Address: _____

Signature: _____

Detailed Rate Information
listed above.

Amount Due: \$ _____