



2026 Spring Conven-



Please register online with a credit card at www.NYSCA.com

OR mail this registration form with check payable to: NYSCA, PO Box 557, Chester NY 10918

Pricing

To qualify for member pricing, your membership with the NYSCA, CT Chiro, or ACA must be active and current. Members who have been licensed in New York for fewer than two years, student members, Chiropractic college faculty, or members in practice over 50 years may qualify for additional discounts. Please contact our administrative office for more details.

Registration

Deadline

Early registrations must be received with payment by 01/23/26.

Standard registrations must be received with payment by 04/03/26.

At-the-door pricing (add \$50) will apply for registrations completed after 04/03/26.

Faxed registrations are NOT accepted.

Questions?

Please contact the event coordinator: Ashleigh Prentiss 518-785-6346 ashleigh@nysca.com

Learn More

www.NYSCA.com

Participant Details

NYSCA Member CT Chiro Member ACA Member Other State Assoc. Member Unaffiliated

Doctor Name _____

NY Lic# _____ Other State _____ # _____

Mailing Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____

Registration Category

	Early by 01/23/26	Standard by 04/03/26	At The Door after 04/03/26
<input type="checkbox"/> Non-Affiliated DC	\$369	\$419	\$469
<input type="checkbox"/> NYSCA CT Chiro ACA Member	\$269	\$319	\$369
<input type="checkbox"/> 1st or 2nd Year Licentiate Member	\$139	\$189	\$239
<input type="checkbox"/> Chiropractic Assistants attending with registered DC	\$139	\$139	\$189
<input type="checkbox"/> Full-time college faculty (Affiliate in-state)	\$139	\$139	\$189
<input type="checkbox"/> 50+ yrs licensed (before April 1976) NYSCA member	\$0	\$0	\$0
<input type="checkbox"/> Chiropractic student	\$0	\$0	\$0

(student registration does NOT include meals; meal tickets must be ordered separately)

Registration Add-on

CPR/AED Basic Life Support Certification \$80

Saturday Luncheon

1 lunch is included in registration unless otherwise noted above

Chicken _____ Salmon _____ Vegetarian _____ Kosher (+\$10) _____

Not attending luncheon Other Needs: Gluten Free _____ Dairy Free _____

Additional luncheon tickets # ___ @\$50.00 each \$ _____

Total \$ _____

Registrations may be submitted online or by postal mail. Faxed registrations are NOT accepted.

Cancellation Policy: Cancellation requests must be made in writing and sent to the event coordinator at ashleigh@nysca.com. Refunds will be issued in the manner in which payment was received and will be subject to a 15% processing fee if received more than one week prior to the scheduled event. All postage fees are non-refundable. Cancellations within one week of the event may be subject to additional administrative fees. Please review our Convention Policy Statement for details.

Invalid credit cards are subject to a \$10.00 fee and returned checks are subject to a \$20.00 fee.