

13 CE HOURS TOTAL:

-9 CE Hours Sat. 3/24

-4 CE Hours Sun. 3/25



Space is limited so REGISTER TODAY!

For questions:

Call- (803) 661-7141 or

Email- psc1895@yahoo.com

PALMETTO STATE CHIROPRACTIC ASSOCIATION

March 24 & 25, 2012 Seminar Registration

(SAT. 3/24 9am-7pm & Sun. 3/25 8am-12 noon @ Sherman College 2020 Springfield Rd., Boiling Springs, SC 29316)

*Mail registration form to: 7001 St. Andrews Rd., #314, Columbia SC 29212

SATURDAY 3/24: "Medicare/HIPAA Compliance- Are You Really Compliant?"

w/ Dr. John Davila + SUNDAY 3/25: Board Rules/Reg's w/ Dr. Beth Ehlich & Ethics/Malpractice w/ Dr. Les Wise

Name _____

Card Billing Address _____

City, State, Zip _____

Telephone (____) _____ Email _____

Please list states and license numbers for which you require CE credits:

State

License #

Early Registration Fees: **EARLY Reg. is until 03/9/12...after March 9th ADD \$25**

SAT. ONLY- Medicare/HIPAA (9 CE Hrs.) \$125 PSCA Members/\$225 NON-PSCA Members..... \$ _____

SUN. ONLY- Board Rules/Reg's & Ethics (4 CE Hrs.) \$99 PSCA Members/\$159 NON-Members..... \$ _____

SAT. & SUN. (13 CE Hrs.) \$199 PSCA Members/\$299 NON-PSCA Members..... \$ _____

Student/Staff- Saturday Only (staff must be accompanied by D.C.) \$25..... \$ _____

Non-Member D.C.'s may join the PSCA (& get member rate for seminar) by adding add'l \$125 for annual dues \$ _____

Total Fee: \$ _____

Payment Method: **Prefer to do your credit card order by phone? Please call (803) 661-7141*

Check _____ ****Make checks payable to "PSCA" and write "March Seminar" on memo line and mail with completed registration form to: 7001 St. Andrews Rd., #314, Columbia, SC 29212*

Credit Card: Master Card _____ Visa _____ Discover _____

CC# _____

Expiration Date _____ Security (CVN) # _____ (3digit number on back)

Name as it appears on card _____

Signature _____