IPSCA
Illinois Prairie State Chiropractic Association
The Beacon of Chiropractic for Illinois

Complete & Return Registration Form To: IPSCA, PO Box 4174, Rock Island IL 61204
Phone: 309-732-3233 Fax: 309-732-3227 email: jreyes@illinoischiropractors.org

Cancellation Policy: Registration fees will be refunded less a $35 processing fee for cancellations **POSTMARKED 5 BUSINESS DAYS PRIOR** to program. A request for refunds received after the 5 day deadline **WILL NOT** be refunded.

Program Title: 2018 Fall Convention

Name: _____ DC/CA Email: _____

Additional Registration: _____ DC/CA

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ Amount Due: _____

Method of Payment: __ Check __ Discover __ MasterCard __ Visa __ Certificate __ Beacon

Credit Card #: _____ - _____ - _____ - _____ Expir. Date: _____ CVS: _____

Authorized Signature: _____ Date: _____

Billing Address (If different): _____