



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 3 BUSINESS DAYS PRIOR** to program. A request for refunds received after the 3 day deadline **WILL NOT** be refunded.

Program Title: Above the Line-Plentz

Name: _____ Additional Registration _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Method of Payment: Check Discover MasterCard Visa Amount Paid: _____

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

Authorized Signature: _____ Date: _____

Billing Address (If different): _____