

# DC2017

MARCH 15-18 | WASHINGTON, DC



14<sup>TH</sup> WFC BIENNIAL CONGRESS  
24<sup>TH</sup> ACC RESEARCH AGENDA CONFERENCE (ACC-RAC)  
2017 NATIONAL CHIROPRACTIC LEADERSHIP CONFERENCE (NCLC)  
HOSTED BY THE AMERICAN CHIROPRACTIC ASSOCIATION

## PREFERRED

Register online at [www.dc2017.org](http://www.dc2017.org).

## EMAIL

Complete, save & send to [info@dc2017.org](mailto:info@dc2017.org).

## MAIL or FAX

Complete and send to ATTN DC2017  
1701 Clarendon Blvd Ste 200  
Arlington VA 22209 Fax: 703-243-2593  
Allow 5-7 business days for processing.

**QUESTIONS?** (800) 986-4636/[info@dc2017.org](mailto:info@dc2017.org)

## Special EARLY Rate! Register by January 22, 2017

**PRINT CLEARLY.** Use one form for each registrant and complete all fields.

Prefix \_\_\_ First \_\_\_\_\_ MI \_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Is this your  home or  business address? Dietary or other special needs? Contact 703-276-8800.

### DC2017 Congress Registration (Mar 15-18) subject to verification

- General (doctors of chiropractic, clinic, research and teaching faculty, administrators, researchers) \$499
- Students (must be enrolled in a college or university at least 9 hours) \$299  
College/University Name \_\_\_\_\_ Student ID \_\_\_\_\_
- Non-DC (chiropractic assistants, association staff/CEO, office manager, etc.) \$299  
Clinic/Org Name \_\_\_\_\_ Contact Phone \_\_\_\_\_
- Guest/Spouse (cannot be one of the above categories) Qty \_\_\_\_\_ \$99  
Name(s) \_\_\_\_\_

### Continuing Education

- Registration fee required for CEU credit. \$100

### Pre-Congress Seminar Registration (Mar 14-15)

- Pediatrics Two-Day Seminar (DC2017 conference registration is required) \$150
- Pediatrics Two-Day Seminar only (Rate **does not** include admission to DC2017 conference) \$399

### International Fed of Sports Chiropractic (FICS) Symposium (Mar 15)

- Special DC2017 Registrant-only Rate (must register for DC2017 to receive this rate) \$95

### Social Events (enter quantity and additional name(s))

Washington DC by Night Bus Tours Qty \_\_\_\_\_ @ \$50 ea \$ \_\_\_\_\_

Saturday Gala Dinner Qty \_\_\_\_\_ @ \$150 ea \$ \_\_\_\_\_

Guest Name(s) \_\_\_\_\_

**Total** (calculate and enter total registration and additional events fees) \$ \_\_\_\_\_

- I agree to DC2017 registration, cancellation and refund policies (must be checked to ensure processing).

### Payment Options (select one option)

- Check enclosed payable to DC2017

I authorize DC2017 to charge my  American Express  Visa  MasterCard in the amount of \$ \_\_\_\_\_

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Cardholder's Phone \_\_\_\_\_

#### ACCOUNTING USE ONLY

Date \_\_\_\_\_ Amt \_\_\_\_\_ Co Chk. # \_\_\_\_\_ Pers. Chk. # \_\_\_\_\_ Chpt. Chk. # \_\_\_\_\_ Mny Order # \_\_\_\_\_ Source: DC2017FORM

### REGISTRATION POLICIES

#### Registration Confirmation

Confirmation will be sent upon full payment of registration fees. Must be 18 years and older to be eligible for registration. Confirmation of registration is sent electronically upon receipt of payment. **SAVE YOUR RECEIPT** and print it for your reference.

#### Cancellation and Refunds

Registrants must submit written notice of cancellation no later than January 15, 2017 to receive a refund less \$85 administrative fee. Cancellation requests must identify name, email address, and amount paid. Send request to [info@dc2017.org](mailto:info@dc2017.org).

#### Registration Substitutions

Registrant substitutions of equal level will be accepted from original registrant in writing and must include original registrant's name, and amount paid, and substitute's registration form. Send requests to [info@dc2017.org](mailto:info@dc2017.org). Substitutions not accepted after March 10, 2017.