ACA council on Chiropractic Pediatrics

Helping chiropractors guide today's children toward a healthier tomorrow

PEDIATRICS EDUCATION REGISTRATION FORM

Please complete the contact information for the Individual Registrant:

First* _____ **Last*** _____

Clinic/School _____

Address* _____

City* _____ **State*** _____ **Zip*** _____

Phone* (___) ___-____ **Fax*** (___) ___-____

Email* _____

ACA Member #: _____ **Emergency Contact:** _____ **Phone**: (_____)_____

Individual Registration	
□ **SACA Pediatric Council Member**	**$80**
□ **General Student (Non- Council member)**	**$100**

V. Payment Information

Registration Individual **$** _____

Total **$** _____

□ **Check** Payable to the ***ACA Pediatrics Council***
Mail to: ACA Director of Component Relations, 1701 Clarendon Blvd, Suite #200, Arlington, VA 22209

□ **Credit Card:** □ VISA □ MASTERCARD □ AMERICAN EXPRESS

Card #: _____

Expire Date: _____ **Security Code:** _____

Name on Card: _____ **Billing Zip Code:** _____

Signature of Cardholder: _____

ACA reserves the right to charge the total amount due based on the attendee's registration category eligibility and total purchases.

Questions: Contact ACA Pediatrics Council at president@acapedscouncil.org or call (503)224-2100.
Cancellations: Written requests must be received by 10-1-18 to receive a refund less a $40 administrative fee. Cancellations received after 10-1-18, are nonrefundable. Cancellations will be processed after the conference.
Special Assistance: Contact ACA Pediatrics Council by 10-1-18 if you require special assistance.