

# 2017 NATIONAL CONVENTION REGISTRATION FORM



June 22-June 25  
Hilton Garden Inn  
Denver, Colorado

American Black Chiropractic Association  
3915 Cascade Road, Suite 220, Atlanta, GA 30331  
Phone: (404) 647-2225  
www.ABCAchiro.com

Please fill in the appropriate details and choices for the Convention, and email form to treasurer@abcachiro.com. Registration forms are also available online at www.ABCAchiro.com.

### Payment Options

**Internet Banking Payment:** Go to www.ABCAchiro.com and click the "Convention Registration Payment" button to complete your payment online.

**Credit Card Payment:** Complete and email the registration form as instructed above.

**Checks:** Mail along with form to: **ABCA Treasurer**  
**PO Box 725013**  
**Atlanta, GA 31139**

**Registration Contact: Dr. Micheala Edwards**  
**Phone: (214) 952-1280**  
**Email: DrMEEdwards@ymail.com**

**All Registrants:** Please make a selection & complete this section completely. Add Guest name and email information if applicable (if there are more than 3 guests, please add an additional sheet listing each guest's name and email address).

DC       STUDENT       LIFETIME       Unaffiliated DC       Guest

|                  |  |  |
|------------------|--|--|
| NAME             |  |  |
| ADDRESS          |  |  |
| CITY/ST/ZIP      |  |  |
| PHONE            |  |  |
| EMAIL            |  |  |
| GUEST NAME/EMAIL |  |  |
| GUEST NAME/EMAIL |  |  |
| GUEST NAME/EMAIL |  |  |

### REGISTRATION COSTS

| ITEM  | No. of Persons | Early Jan1-Feb29 | Regular Mar1-May31 | Late Jun1-Jun25 | Cost       |
|---|----------------|------------------|--------------------|-----------------|------------|
| <b>DC Member:</b> All current Members' registration fees are included with dues. All CEUs, luncheon & banquet incl.       | 1              |                  |                    |                 | <b>\$0</b> |
| <b>1<sup>st</sup> Year DC Member:</b> SABCA Grads only (please submit copy of degree): All CEUs, luncheon & banquet incl. |                | \$50             | \$75               | \$100           |            |
| <b>SABCA Member:</b> All active SABCA Members with an affiliated chapter. All workshops, luncheon & banquet incl.         |                | \$50             | \$75               | \$100           |            |
| <b>Lifetime Member:</b> All Lifetime Members who joined in 2016 or before. All CEU's, luncheon & banquet included.        |                | \$100            | \$125              | \$175           |            |
| <b>Unaffiliated DC:</b> All CEUs, luncheon & banquet incl.  |                |                  | \$375              | \$400           |            |
| <b>Guest Entertainment Pkg:</b> Includes all 3 meal events (Welcome Reception, Luncheon & Banquet).                       |                | \$150            | \$150              | \$150           |            |
| <b>Guest Welcome Reception:</b> June 22 <sup>nd</sup> , 7pm   |                | \$50             | \$50               | \$50            |            |
| <b>Guest Luncheon:</b> June 23 <sup>rd</sup> , 12:15pm  |                | \$50             | \$50               | \$50            |            |
| <b>Guest Banquet:</b> June 24 <sup>th</sup> , 8pm (Formal event)  |                | \$50             | \$50               | \$50            |            |
| <b>GRAND TOTAL</b>  |                |                  |                    |                 |            |

### METHOD OF PAYMENT

CASH     CHECK     DEBIT/CREDIT CARD NUMBER \_\_\_\_\_

Card Exp. Date \_\_\_\_\_ CVV# \_\_\_\_\_ Name on card \_\_\_\_\_

Billing Address (if different than above) \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

ABCA OFFICE USE ONLY    Date Paid: \_\_\_\_\_    Check No: \_\_\_\_\_    Amount: \$ \_\_\_\_\_    Initials: \_\_\_\_\_