

# 2018 NATIONAL CONVENTION REGISTRATION FORM



June 28-July 1  
Logan University  
Chesterfield, MO

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" button to complete your registration and 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-July1	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 2017 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 28 <sup>th</sup> , 7pm		\$50	\$50	\$50	
<b>Guest Luncheon:</b> June 29 <sup>th</sup> , 12:15pm		\$50	\$50	\$50	
<b>Guest Banquet:</b> June 30 <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: \_\_\_\_\_