

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
DC Member: All current Members' registration fees are included with dues. All CEUs, luncheon & banquet incl.	1	FREE	FREE	FREE	\$0
1st Year DC Member: SABCA Grads only (please submit copy of degree): All CEUs, luncheon & banquet incl.		FREE	FREE	FREE	\$0
SABCA Member: All active SABCA Members with an affiliated chapter. All workshops, luncheon & banquet incl.		\$50	\$75	\$100	
Lifetime Member: All Lifetime Members who joined in 2017 or before. All CEU's, luncheon & banquet included.		\$100	\$125	\$175	
Unaffiliated DC: All CEUs, luncheon & banquet incl.			\$375	\$400	
Guest Entertainment Pkg: Includes all 3 meal events (Welcome Reception, Luncheon & Banquet).		\$150	\$150	\$150	
Guest Welcome Reception: June 28 th , 7pm		\$50	\$50	\$50	
Guest Luncheon: June 29 th , 12:15pm		\$50	\$50	\$50	
Guest Banquet: June 30 th , 8pm (Formal event)		\$50	\$50	\$50	
GRAND TOTAL					

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: _____