

SEMINAR REGISTRATION

TODAY'S DATE: _____

Name _____ D.C. Student SOTO NYCC ICPA
 Office _____
 Address _____
 City _____ State _____ Zip _____
 Phone 1 _____ Office Home Cell Fax
 Phone 2 _____ Office Home Cell Fax
 Phone 3 _____ Office Home Cell Fax
 Phone 4 _____ Office Home Cell Fax
 Email _____

| Seminar | Dates | Hrs | Instructor |
|--|-----------------------|------------|---------------------|
| <input type="checkbox"/> SOT Basics | October 3, 2009 | 8 | Christine Benner |
| <input type="checkbox"/> CAT I,II & III Treatment Procedures | November 21-22, 2009 | 12 | Robert Monk |
| <input type="checkbox"/> Extremity | January 23-24, 2010 | 12 | Robert Monk |
| <input type="checkbox"/> CMRT | March 6-7, 2010 | 12 | M. Rosen, C. Langer |
| <input type="checkbox"/> Comprehensive SOT Review | April 24, 2010 | 4 | Robert Monk |
| <input type="checkbox"/> Cranial Basics | May 15, 2010 | 8 | Christine Benner |
| <input type="checkbox"/> Sutural & TMJ Protocols | June 12-13, 2010 | 12 | Robert Monk |
| <input type="checkbox"/> Cranial Specifics | September 25-26, 2010 | 12 | M. Rosen, C. Langer |
| <input type="checkbox"/> Complete CSP Series | | 48 | |
| <input type="checkbox"/> Complete CSCP Series | | 40 | |
| <input type="checkbox"/> _____ | _____ | _____ | _____ |

2-Day Seminar Hours: Saturday 10:00 – 6:00 , Sunday 9:00 – 1:00
1-Day Seminar Hours: Saturday 11:00 – 7:00 unless otherwise noted
Comprehensive SOT Review: Saturday 10:00 – 2:00

2-DAY: (Doctors: \$350 Students: \$175 DC SOTO-USA, NYCC, ICPA: \$315 Student SOTO-USA: \$158
1-DAY: (Doctors: \$275 Students: \$125 DC SOTO-USA, NYCC, ICPA: \$248 Student SOTO-USA: \$113
Review: (Doctors: \$150 Students: \$75 DC SOTO-USA, NYCC, ICPA: \$135 Student SOTO-USA: \$68
CSP Series prepay: (Doctors: \$1325 Students: \$650 DC SOTO-USA, NYCC, ICPA: \$1192
CSCP Series prepay: (Doctors: \$1150 Students: \$540 DC SOTO-USA, NYCC, ICPA: \$1035

_____ Seminars @ _____ ea. = _____
 _____ SOTO DC Membership @ 150.00 ea. = _____
 _____ SOTO Student Membership @ 90.00 ea. = _____

Total Fee: _____

METHOD OF PAYMENT: Mastercard Visa Check Money Order

Card # _____ **Exp. Date:** _____

Name on card: _____ **Sec Code:** _____

Billing address: _____

Notes: