



# “Philadelphia Freedom” Conference Registration

June 10 – 11, 2017

Hilton Garden Inn, Fort Washington, PA

First and Last Name: \_\_\_\_\_

Badge Name: \_\_\_\_\_ DC License Number: \_\_\_\_\_

Practice or Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Choose your Track: \_\_\_\_\_ 4 CE Credits X-Ray Session \_\_\_\_\_ Philosophy and Practice Building

Dietary Restrictions: \_\_\_\_\_

## Registration Fees:

\_\_\_\_\_ CFOP Member – \$ 199  
*(Dues must be current)*

\_\_\_\_\_ Non-member – \$ 249

\_\_\_\_\_ CA, Guest (NO CE CREDIT) - \$99

\_\_\_\_\_ Student (NO CE CREDIT)- \$25

**\$25 additional fee for registrations received on or after June 5, 2017.**

**\$25 cancellation fee for cancellations received after June 5, 2017.**

## Method of Payment

### Credit Card Information

Total Amount of Payment: \_\_\_\_\_ Name on credit card: \_\_\_\_\_

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Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

V Code \_\_\_\_\_

Fax to 717.236-2046 or mail with payment to:

Make checks payable to **Chiropractic Fellowship of PA.** Check # \_\_\_\_\_

Mail to: Chiropractic Fellowship of PA, 908 North Second St, Harrisburg, PA 17102