



**Chiropractic Fellowship of Pennsylvania
2020 Seminar Registration Form
or Register at www.chirofellowpa.org
PLEASE PRINT LEGIBLY Questions? 717.441.6042
Each Session up to 12 CE credits**

Name: _____

Company: _____

Address: _____

City, State & Zip: _____

Telephone: _____ Fax: _____

Email: _____ DC License Number: _____

DATES	LOCATION	TITLE and SPEAKER	CHECK SEMINAR CHOICE(S)
June 27/28	Pittsburgh	The Neck Bone's Connected to the... – Dr. Rob Brown	
July 11/12	Pittsburgh	Understanding, Communicating and Correcting Subluxation – Dr. Aaron Tressler	
July 18/19	Harrisburg	Whiplash: After the Crash – Dr. David Smith	
August 8/9	Philadelphia	The Neck Bone's Connected to the... – Dr. Rob Brown	
August 15/16	Harrisburg	Aligned Continuing Education, A.C.E. Program – Dr. Dean DePice	
August 22/23	Philadelphia	Whiplash: After the Crash – Dr. David Smith	

**Saturday: Registration 8:30 a.m., Session 9:00 – 6:00
(One hour for lunch on your own)
Sunday: Session 8:00 – 12:00 noon**

**HARRISBURG: (July 18/19, August 15/16)
Best Western Premier Hotel & Conference Center
800 East Park Drive
Harrisburg, PA 17111
(717) 561-8398**

**PHILADELPHIA (August 8/9, August 22.23)
Best Western Fort Washington Inn
285 Commerce Drive, Fort Washington, PA**

**PITTSBURGH: (June 27/28, July 11/12)
Comfort Inn Conference
Center- Pittsburgh East
699 Rodi Road
Pittsburgh, PA 15235**

Registration Fees per Seminar: _____ CFOP Member—\$ 195 (Dues must be current) _____ Non-member—\$ 295

\$25 additional fee for each registration received within one week of the seminar date.
\$25 cancellation fee for each cancellation received after Monday prior to the seminar date.
No Shows are responsible for the full fee.

Method of Payment: Credit Card Information

Number of Seminars: _____ Total Amount of Payment: _____

Name on credit card: _____

Type of Card: _____ VISA _____ MasterCard _____ American Express

Credit Card Number: _____

Expiration Date: _____ CVV Code _____ CC Billing address zip code _____

Signature: _____

Due to credit card restrictions, we can no longer take registrations over the phone.

You may fax (717.236-2046) or scan and email to sdreese@wannerassoc.com

Checks: Make payable to CFOP. Mail with registration form to: CFOP, 908 North Second St, Harrisburg, PA, 17102