



Tennessee
Chiropractic
Association

2025 Upper East Seminar Registration Form

PLEASE—ONE REGISTRANT PER FORM ONLY. THANK YOU!

February 22-23, 2025

Doctor Seminar: Saturday, 8am-5 pm ET
Sunday, 8am-12 pm ET
Doctor Boundaries : Saturday, 8am-2pm ET

CTA Seminar: Saturday, 8am-3pm ET
CTA/CXT Boundaries: Saturday, 3pm-5pm ET

Attendee Name: _____

Title: DC - TN Lic. #: _____ CTA - TN Lic. #: _____ CA
Membership: **TCA Member?** Yes No **CAT member?** Yes No

Practice/Doctor's Name: _____

Office Phone: _____ Office Fax: _____

E-mail Address: _____

Office Address: _____

City, State, Zip: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Check if you have a disability requiring assistance; please describe: _____

DOCTOR REGISTRATION & FEES

12 Hours CE — Saturday and Sunday

Early Reg. (Prior to Feb. 7)	After Feb. 7
<input type="checkbox"/> TCA Member: \$250.00	<input type="checkbox"/> TCA Member: \$300.00
<input type="checkbox"/> NON Member: \$350.00	<input type="checkbox"/> NON Member: \$400.00

8 Hours CE — Saturday Only

Early Reg. (Prior to Feb. 7)	After Feb. 7
<input type="checkbox"/> TCA Member: \$170.00	<input type="checkbox"/> TCA Member: \$220.00
<input type="checkbox"/> NON Member: \$240.00	<input type="checkbox"/> NON Member: \$290.00

4 Hours CE — Sunday Only

Early Reg. (Prior to Feb. 7)	After Feb. 7
<input type="checkbox"/> TCA Member: \$ 85.00	<input type="checkbox"/> TCA Member: \$135.00
<input type="checkbox"/> NON Member: \$120.00	<input type="checkbox"/> NON Member: \$170.00

6 Hours — Doctor Boundaries (Sat.)

Bound., Risk Mgmt. & Jurisprudence \$150.00

SUBTOTAL DUE \$ _____

CTA/CXT REGISTRATION & FEES

CAT Membership (renewal or new) \$50.00

Enclose application if new member

6 Hours CE — CTA (Sat.)

Early Reg. (Prior to Feb. 7)	After Feb. 7
<input type="checkbox"/> CAT Member: \$100.00	<input type="checkbox"/> CAT Member: \$150.00
<input type="checkbox"/> NON Member: \$150.00	<input type="checkbox"/> NON Member: \$200.00

2 Hours — CTA/CXT Boundaries (Sat.) \$75.00

Bound., Risk Mgmt. & Jurisprudence

SUBTOTAL DUE \$ _____

Payment Options:

Total Registration Amount Enclosed \$ _____

Check #: _____

Gold Member Benefit

Charge my card below:

CC#: _____ Exp: _____ / _____ CVV/CID Code: _____
(3 or 4 digit code on back of card)

Billing address if different from above: _____ Zip: _____

Name on Card: _____ Signature: _____

Seminar Location: MeadowView Marriott, 1901 Meadowview Pkwy., Kingsport, TN 37660 | (423) 578-6612

Please be aware that photographs may be taken throughout this event for use in future TCA approved publications, promotions, presentations, and/or any other media formats.

Please return this form with payment to: TCA, 2451 Atrium Way, Ste. 103, Nashville, TN 37214
phone 615-383-6231 * fax 615-383-6233 * TCA@TNChiro.com * www.TNChiro.com * www.catalog.inchiro.com
Registration not valid unless accompanied by payment. All fees are non-refundable and non-transferable.