

**Extremity Mini Series with Dr. Mally**  
**Three (3) 8-Hour CE Courses to be held in Madison, WI**

The Extremity Mini Series is a highly interactive and dynamic course focused on arming WI chiropractors with evidence-based science and research to be better equipped with various drugless and non-surgical treatment options afforded to your patients. Join Dr. Mitch Mally for this 3-part seminar series this summer and fall - applied for DC, CT and CRT CE credit. Each event will run approximately 8 AM to 4:30 PM. Break times will be provided at the speaker's discretion and lunch is not provided. This course will be held in the Madison area - exact location coming soon!

**Courses**

**Indicate 'X' to enroll**

**Hand/Wrist:** Saturday, June 24<sup>th</sup>, 8:00 a.m. – 4:30 p.m. \_\_\_\_\_  
**Knee/Hip:** Saturday, August 12<sup>th</sup>, 8:00 a.m. – 4:30 p.m. \_\_\_\_\_  
**Shoulder:** Saturday, September 9<sup>th</sup>, 8:00 a.m. – 4:30 p.m. \_\_\_\_\_  
**3-Course Bundle** \_\_\_\_\_

**Individual Course:** \$249\* for DC / \$149\* for CT/CRT members | \$299\* for DC / \$199\* for CT/CRT non-members

**3-Course Bundle:** \$597\* for DC / \$372\* for CT/CRT members | \$747\* for DC / \$522\* for CT/CRT non-members

**Attend all 3 courses and SAVE \$50 on each course for DCs and \$25 on each course for CTs/CRTs!**

*\*A \$20 late fee is added to any sign ups within 1 week of each course.*

Registration cancellations will be accepted until two weeks before each individual course, minus a \$10 processing fee. There will be no refunds for cancellations after the two-week registration deadline before each seminar date.

Registration Information – One registrant per page

Registrant: \_\_\_\_\_ DC/Employer: \_\_\_\_\_

Chiropractor: CSW Member? \_\_\_\_ Yes (\$249 per course; \$597 bundle) \_\_\_\_ No (\$299 per course; \$747 bundle)

CT/CRT: CSW Member? \_\_\_\_ Yes (\$149 per course; \$372 bundle) \_\_\_\_ No (\$199 per course; \$522 bundle)

Total = \$ \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Payment:** Credit (below) or check made out to “Chiropractic Society of WI” send to CSW, PO Box 259506, Madison WI 53725 to arrive by Thursday, June 1<sup>st</sup>, 2023. You can also register online: [click here](#)

Select: \_\_\_\_ MC \_\_\_\_ Visa \_\_\_\_ AMEX Name as it appears on the card: \_\_\_\_\_

Card number: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_ CWV: \_\_\_\_\_

Billing Address (if different than above): \_\_\_\_\_

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