

CRT Certification Course

Country Inn & Suites Fort Atkinson
1650 Doris Dr Fort Atkinson WI 53538

Earn your initial CRT certification in only **three weekends** through the CSW's accelerated program. Same amount of quality classroom instruction condensed into a shorter time frame = reduced travel expenses and more time with your loved ones!

Section 1: June 15th-16th Thursday, June 15th 9:00 a.m. - 6:30 p.m. and Friday, June 16th 8:00 a.m. - 5:30 p.m. (Both days include 9 class hours with an hour break for lunch.)

Section 2: June 29th-30th Thursday, June 29th 9:00 a.m. - 6:30 p.m. and Friday, June 30th 8:00 a.m. - 5:30 p.m. (Both days include 9 class hours with an hour break for lunch.)

Section 3: July 13th-14th Thursday, July 13th 9:00 a.m. - 6:30 p.m. (9 class hours with hour break for lunch) and Friday, July 14th 9:00 a.m. - 12:00 p.m., plus ACRRT Exam from 1:00 pm - 3:00 pm.

Cost: \$899* for member offices | \$1099* for non-member offices

Price Increase after June 1st: \$999* for member offices | \$1199* for non-member offices

***Fee includes study manual and ACRRT examination!**

Registration cancellations will be accepted until June 1st, 2023. Attendees who cancel before June 1st, 2023 are eligible for a full refund excluding a \$10 processing fee. There will be no refunds for cancellations after June 1st, 2023.

Registration Information – One registrant per page

Registrant: _____ DC/Employer: _____

Chiropractor: CSW Member? ____ yes (\$899 per office*) ____ no (\$1099 per office*)

Total = \$

Address: _____

Phone: _____ Email: _____

***Registration fee increases \$100 after Thursday, June 1st, 2023.**

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 1st, 2023. You can also register online: [click here](https://events.chiropracticsocietywi.org)

Select: ____ MC ____ Visa ____ AMEX Name as it appears on the card: _____

Card number: _____ Exp: ____/____ CVV: _____

Billing Address (if different than above): _____

Signature: _____ Date: _____

Fax to the Chiropractic Society of WI 608-824-2205 or email to events@chiropracticsocietywi.org.