



The Fall Experience

CHIROPRACTIC SOCIETY OF WISCONSIN
October 27-29 | Wilderness Resort

Please complete the below registration form for The Fall Experience. Up to 3 attendees from the same office may use the same registration form.

Clinic Info

Doctor Name _____
 Clinic Name _____
 Clinic Address _____
 City/State/Zip _____
 Email _____ Phone _____
 Are you a CSW Member? YES NO

Pricing Guide (Member / Non-Member)

Dates	Doctor	CT & CRT	Staff NO CE	Student	Guest
08/21-09/11	\$319 / \$419	\$179 / \$229	\$139 / \$189	\$0 / \$50	\$25 per lunch
09/12-09/30	\$369 / \$469	\$199 / \$249	\$159 / \$209		
10/01-10/26	\$419 / \$519	\$219 / \$269	\$179 / \$229		

Attendee 1

Name _____ Ticket Type _____
 Lunches Fri Sat Friday Dinner (\$95) Family Trick-or-Treat Sat. PM (Free)
Lunches must be preregistered. Price _____

Attendee 2

Name _____ Ticket Type _____
 Lunches Fri Sat Friday Dinner (\$95) Family Trick-or-Treat Sat. PM (Free)
Lunches must be preregistered. Price _____

Attendee 3

Name _____ Ticket Type _____
 Lunches Fri Sat Friday Dinner (\$95) Family Trick-or-Treat Sat. PM (Free)
Lunches must be preregistered. Price _____

Notes

Dietary restrictions, etc: _____

Total: _____

Payment

Name as it appears on the card _____
 Card Number _____ Exp ____ / ____ CVV ____
 Billing Address _____
 City/State/Zip _____
 *Checks may be made out to "Chiropractic Society of WI" sent to CSW, PO Box 259506, Madison, WI 53725.

Authorized Signature _____

Registration cancellations will be accepted until October 13th, 2023 for a full refund excluding a \$10 processing fee. There will be no refunds for cancellations after October 13th, 2023.