



The Fall Experience

CHIROPRACTIC SOCIETY OF WISCONSIN
October 7-9 | Kalahari 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. Initial staff certification registration must be completed separately.

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):					
	Doctor	CT&CRT	Staff NO CE	Student	Guest
4/1-6/1	\$319 / \$419	\$179 / \$229	\$139 / \$189	\$0 / \$50	\$25 per lunch + Enhancements
6/2-8/15	\$369 / \$469	\$199 / \$249	\$159 / \$209		
8/16-9/23	\$419 / \$519	\$219 / \$269	\$179 / \$229		

Attendee 1	Name	_____		Ticket Type	_____	
	Lunches	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>	No Lunches <input type="checkbox"/>	Golf Outing (\$45) <input type="checkbox"/>	Friday Dinner (\$95) <input type="checkbox"/>
	<i>Lunches must be preregistered.</i>					Price _____

Attendee 2	Name	_____		Ticket Type	_____	
	Lunches	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>	No Lunches <input type="checkbox"/>	Golf Outing (\$45) <input type="checkbox"/>	Friday Dinner (\$95) <input type="checkbox"/>
	<i>Lunches must be preregistered.</i>					Price _____

Attendee 3	Name	_____		Ticket Type	_____	
	Lunches	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>	No Lunches <input type="checkbox"/>	Golf Outing (\$45) <input type="checkbox"/>	Friday Dinner (\$95) <input type="checkbox"/>
	<i>Lunches must be preregistered.</i>					Price _____

Notes	Dietary restrictions, preferred golfing partners, 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 will close September 23, 2022. Registration cancellations will be accepted until September 23, 2022 for a full refund excluding a \$10 processing fee. There will be no refunds for cancellations after September 23.

Please return form via PO Box 259506, Madison WI 53725 | Fax: 608-824-2205 | events@chiropracticsocietywi.org