



The Fall Experience

CHIROPRACTIC SOCIETY OF WISCONSIN
October 22-24 | 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. Please see page 2 of this form for initial staff certification registration.

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
8/1-9/5	\$319 / \$419	\$179 / \$229	\$139 / \$189	\$0 / \$50	\$25 per lunch + Enhancements
9/6-9/30	\$369 / \$469	\$199 / \$249	\$159 / \$209		
10/1-10/22	\$419 / \$519	\$219 / \$269	\$179 / \$229		

Attendee 1	Name _____ Ticket Type _____
	Lunches Fri <input type="checkbox"/> Sat <input type="checkbox"/> Golf Outing (\$45) <input type="checkbox"/> Freedom Dinner (\$95) <input type="checkbox"/> Saturday Show (\$10) <input type="checkbox"/> <i>Lunches must be preregistered.</i> Price _____

Attendee 2	Name _____ Ticket Type _____
	Lunches Fri <input type="checkbox"/> Sat <input type="checkbox"/> Golf Outing (\$45) <input type="checkbox"/> Freedom Dinner (\$95) <input type="checkbox"/> Saturday Show (\$10) <input type="checkbox"/> <i>Lunches must be preregistered.</i> Price _____

Attendee 3	Name _____ Ticket Type _____
	Lunches Fri <input type="checkbox"/> Sat <input type="checkbox"/> Golf Outing (\$45) <input type="checkbox"/> Freedom Dinner (\$95) <input type="checkbox"/> Saturday Show (\$10) <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 cancellations will be accepted until October 8th, 2021 for a full refund excluding a \$10 processing fee. There will be no refunds for cancellations after October 8th, 2021.

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