



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"/>	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 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

Chiropractic Society of Wisconsin
Initial Certification Courses (NO CE)

Kalahari Resort, Wisconsin Dells, WI
 Saturday, October 22 – Sunday, October 24, 2021

Friday, October 22, 2021

	<u>Time</u>	<u>Price</u>	<u>Mark 'X' to enroll</u>
Chiropractic Technician Fundamentals (12 hours total) (now includes overview, patient history and vital signs) (Bring stethoscope and sphygmomanometer to class)	8:30 am – 12:30 pm		
	2:30 pm – 6:30 pm	Member: \$99	
	Cont. on Saturday:	Non-Member: \$129	_____
	8:00 am – 12:00 pm		

Saturday, October 23, 2021

Thermotherapy/Cryotherapy**	2:00 pm – 3:00 pm	Member: \$20 Non-Member: \$29	_____
Electric Stimulating Currents** (Bring a set of electrodes to class)	3:15 pm – 6:15 pm	Member: \$59 Non-Member: \$79	_____

Sunday, October 24, 2021

Light Therapy**	8:00 am – 11:00 am	Member: \$59 Non-Member: \$79	_____
Ultrasound**	11:15 am – 2:15 pm	Member: \$59 Non-Member: \$79	_____
<u>Full 2 Day Package:</u> includes all courses	Friday - Sunday	Member: \$249 Non-Member: \$349 *\$40 late fee	_____

**Course requires Chiropractic Technician Fundamentals as a prerequisite. Enrollment or prior completion of Chiropractic Technician Fundamentals is required for certification in modalities.

***\$20.00 late fee added per individually selected class for registration after Wednesday, October 1, 2021. There will be a \$40 late fee added for the Package option.**

Registration Information – One registrant per page **Total = \$ _____**

Registrant: _____ Chiropractor (Employer): _____

Friday Lunch _____ Saturday Lunch _____ Chiropractor: CSW Member? _____yes _____ no

Billing Address: _____ Mailing Address: _____

Phone: _____ Email: _____

Payment: Credit (below) or check made out to "Chiropractic Society of WI" sent to CSW, PO Box 259506, Madison, WI 53725 to arrive by Wednesday, October 13, 2021.

Select: ___ MC ___ Visa ___ Amex Card number: _____ Exp: _____ CVV: _____

Name as it appears on the card: _____

Fax to the Chiropractic Society of Wisconsin at 608-824-2205. Call the CSW at 608-609-6383 for more information.