

# CHIROPFIRST

## WINTERFEST

**February 2-3, 2024 | Hilton Garden Inn, Wausau, WI**

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

<b>Clinic Info</b>	Doctor Name _____
	Clinic Name _____
	Clinic Address _____
	City/State/Zip _____
	Email _____ Phone _____
	Are you a CSW Member? <input type="checkbox"/> YES <input type="checkbox"/> NO

### Pricing Guide (Member / Non-Member)

Dates	DC	Staff	Student	Guest
12/14/23-1/19/24	\$299/\$399	\$129/\$149	\$0/\$29	\$0
1/20/24-Event	\$349/\$449	\$159/\$179	\$0/\$29	\$0

<b>Attendee 1</b>	Name _____ Ticket Type _____
	Optional Enhancements - RSVP Required. Estimated prices listed to be paid onsite. <input type="checkbox"/> Friday: Horse Drawn Sleigh Ride - \$15 <input type="checkbox"/> Friday: Zingers and Flingers Shooting Range (ammo not included) - \$20
	Name _____ Ticket Type _____
<b>Attendee 2</b>	Name _____ Ticket Type _____
	Optional Enhancements - RSVP Required. Estimated prices listed to be paid onsite. <input type="checkbox"/> Friday: Horse Drawn Sleigh Ride - \$15 <input type="checkbox"/> Friday: Zingers and Flingers Shooting Range (ammo not included) - \$20
	Name _____ Ticket Type _____
<b>Attendee 3</b>	Name _____ Ticket Type _____
	Optional Enhancements - RSVP Required. Estimated prices listed to be paid onsite. <input type="checkbox"/> Friday: Horse Drawn Sleigh Ride - \$15 <input type="checkbox"/> Friday: Zingers and Flingers Shooting Range (ammo not included) - \$20

**Total:** \_\_\_\_\_

<b>Payment</b>	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 January 25th, 2024 for a full refund excluding a \$10 processing fee. There will be no refunds for cancellations after January 25th, 2024.