

SOTO-USA SEMINAR REGISTRATION FORM

Print this form out on your computer, fill it out, then fax it to 336-372-1541 (SOTO-USA Office) or mail it to:
Dr. Charles Blum, 1752 Ocean Park Boulevard, Santa Monica, CA 90405 or scan and email it to drcblum@aol.com

Today's Date

***** This form is only for the Northern California Cranial Certification Series and the deadline for submission is August 31, 2015.**

First Name	M.I.	Last Name
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Chiropractic Student
 1st/2nd Year Graduate
 DC
 SOTO-USA Member
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Street Address		Suite or Apartment No.
City	State/Province	Postal/Zip Code

The above is my:
 Office address
 Home address
 School address

Office Phone	Fax Number	
Cell Phone	Home Phone	
Email Address		
Chiropractic License Number	State	National Provider Number (NPI)

Seminar 4 Seminar Cranial Certification Series	Dates Oct 29, 2016, Nov 12-13, 2016, Jan 28-29, 2017, & Feb 18, 2017	Location Northern California Los Angeles – San Jose, CA	Fee Seminar Series Discount Below
Before August 31, 2016: MEMBER DOCTOR - \$1,000.00, NON-MEMBER DOCTOR \$1,358 SOTO-USA Membership: DR \$150, 1st/2nd YEAR DR \$100, Student \$50 MEMBER 1st/2nd YEAR DOCTOR - \$847.00, NON-MEMBER 1st/2nd YEAR DOCTOR \$1,358 MEMBER STUDENT - \$847.00, NON-MEMBER STUDENT \$1,358			

METHOD OF PAYMENT:
 MasterCard
 Visa
 Check
 Money Order

Credit Card Number	Expiration Date
Name on the Card	3-Digit Security Code on Back

Billing Address for Credit Card:

Street Address		Suite or Apartment No.
City	State/Province	Postal/Zip Code

Notes/Comments	* This early bird discounted fee for the 4 Seminar Cranial Certification Series avails the doctor and student to the discounted a significant discount off of the regular seminar price. It assures the doctor or student that they will have a place at the seminar since space is limited and registration will be closed when limits are met. Register now to save and protect your space at the seminar.
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