## 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 (encrypted) to drcblum@aol.com

Today's Date	*** This form is only for the Northern California SOT Certification Series and the deadline for submission is August 20, 2019.						
First Name	N	1.I. Las	t Name				
· · · · · · · · · · · · · · · · · · ·	dent ☐ 1 <sup>st</sup> /2 <sup>nd</sup> Year Graduate ☐ DC ☐ SOTO-USA Member					r	
Street Address					Suite or Apartment No.		
City			State/Province		Postal/Zip Code		
The above is my:	☐ Office a	ddress	☐ Home add	ress $\square$	School address		
Office Phone			Fax Number				
Cell Phone Home Phone							
Email Address							
Chiropractic License Number	State		Nation		National Provider Number (NP	nal Provider Number (NPI)	
Seminar 4 Seminar SOT Certification Series		es Sept 7-8, Nov 1 Jan 25-26, Feb			rn California– San Jose, CA	Fee Seminar Series Discount Below	
Before August 20, 2019: MEMBER DOCTOR - \$1, MEMBER 1 <sup>st</sup> /2 <sup>nd</sup> YEAR DOCTOR - \$869.00, NOI	059.00, NON-MEM N-MEMBER 1 <sup>st</sup> /2 <sup>nd</sup>	BER DOCTOR YEAR DOCTO	\$1,436   SOTO-USA R \$1,436   MEMBER	Membersh STUDENT	ip: DR \$150, 1 <sup>st</sup> /2 <sup>nd</sup> YEAR DR \$ - \$869.00, <b>NON-MEMBER STUI</b>	100, Student \$50 DENT \$1,436	
METHOD OF PAYMENT:	☐ Maste	erCard	□ Visa	□ Che	eck 🗆 Money (	Order	
Credit Card Number			Expiration Date				
Name on the Card			3-Digit Security Code on Back				
	Billing	Address f	or Credit Card:	<u> </u>			
Street Address					Suite or Apartment No.		
City				State/Province		Postal/Zip Code	
significant discount off of the	ne regular semina	ar price. It a	ssures the doctor or	student that	ctor and student to the disco at they will have a place at th ve and protect your space a	ne seminar since	