

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:
SOTO-USA, PO Box 1357, Sparta, NC 28675 or scan and email it to sotousa@skybest.com

Today's Date

***** This form is only for the Chicago SOT Certification Series and the deadline for submission is January 31, 2020.**

First Name

M.I.

Last Name

Chiropractic Student
 1st/2nd Year Graduate
 DC
 SOTO-USA Member
 r

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 SOT Certification Series

Dates

April 4-5, May 9-10, 2020,
June 27-28, July 25, 2020

Location

Chicago, Illinois

Fee
Seminar Series
Discount Below

**Before June 15, 2018: MEMBER DOCTOR - \$1,059.00, NON-MEMBER DOCTOR \$1,436 | SOTO-USA Membership: DR \$150, 1st/2nd YEAR DR \$100, Student \$50
MEMBER 1st/2nd YEAR DOCTOR - \$869.00, NON-MEMBER 1st/2nd YEAR DOCTOR \$1,436 | MEMBER STUDENT - \$869.00, NON-MEMBER STUDENT \$1,436**

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 SOT 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.