

i.c.p.a. International Chiropractic Pediatric Association

Spring Extravaganza

Guest Speakers Include:
Drs. Guy Riekeman
Claudia Anrig
Bob Hoffman
Jeanne Ohm
C.J. Mertz
Armand Rossi
Jim Thompson
Anthony Carrino
Jim Dubel
Pasquale Cerasoli
Peter Kevorkian
Stephen Marini
Carol Phillips
Eric Plasker

Also presenting will be
Bruce Lipton, Ph.D.
on the "Science of Chiropractic"

Philosophy, Science and Art…Bringing it All Together

Experience the best in chiropractic philosophy, techniques, and current research!

Special ICPA Technique Workshops and CA Program
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Friday Night: New Beginnings Fire Walk
Saturday Night: Banquet with Incredible Live Musical Entertainment

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Register On-Line: **www.icpa4kids.com**

By Phone: **1 800 670-5437**

Fax/mail the form below

Celebrating Chiropractic

April 29, 30, May 1, 2 2004

DC REGISTRATION:

ICPA Members – $299 for entire office
Non-Members – $349 for entire office

Add'l DC registrations: $50
Entire office registration fee includes: one DC registration, one banquet ticket.
Saturday night additional banquet ticket sold separately. $55-in advance price.

STUDENT REGISTRATION:

Members: $45 pre-registration, $75 at the door.
Non- Members: $55 pre registration, $85 at the door.
Includes one student mentoring luncheon ticket.
Additional luncheon tickets $25, banquet tickets $55.

Extravaganza Registration Form **(Fax form to: 610 5653567 or mail to: I.C.P.A. 327 N. Middletown Rd. Media, PA 19063)**

1. Please provide DC Registrant's Info:

Name _____

Address _____

City _____ State/Prov _____

Zip/Postal _____ Country _____

Phone _____ Fax _____

Are you a current member of the I.C.P.A.? Yes No

2. Please provide additional attendee information:

Additional Registrants: (specify names)

_____ / _____

_____ / _____

Total "Entire Office" Registration Fee $ _____

Additional DC Registrations: _____ *@ $50 per DC* = $ _____

Add'l Banquet Tickets _____ *@ $55 per ticket* = _____

Total amount to be billed $ _____

3. Please provide the following billing information:

Cardholder name _____

Credit card type _____

Exp. date _____

Card number _____

CVS number _____

Signature _____

All fees are in US Funds.