

SOTO-USA SEMINAR REGISTRATION FORM

**Fill this form out on your computer, print it, then fax it to (508) 651-2209 or mail it to:
Wellesley Chiropractic Office, 471 Washington St, Wellesley, MA 02482-5935**

| |
|--------------|
| Today's Date |
|--------------|

| | | |
|------------|------|-----------|
| First Name | M.I. | Last Name |
|------------|------|-----------|

D.C.
 Chiropractic Student
 SOTO-USA Member
 NYCC Graduate
 ICPA Member

| | | | |
|----------------|----------------|------------------------|--|
| 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 | Dates | Location | Fee |
|---------|-------|----------|-----|
| | | | |
| Seminar | Dates | Location | Fee |

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 | |

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|----------------|
| Notes/Comments |
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