

Unified Chiropractic Assoc.

Re-Licensing Seminar

May 18, 19, '24

Sun. (8 hrs..clinical)

James Hickman, DC
Instructs

"Intro to Dry Needling"

(Those attendees wanting 8 hrs. credit to be applied toward future UCA Certification class, must pass quiz)

(dates to be announced, dependent on number of classes & attendees)

Sat. AM (8 clinical hrs)

Wendy Varish, DC, FIANM (US),
CCSP, CCOHC, MCS-P,
Presents

**"EVIDENCED-BASED USE of REHAB
for the BUSY
CLINICAL PRACTICE"**

OKC

Need CE's for another state?
unifiedchiroassoc@uca-okla.org
by 3/18/24

Postmarked Apr. 13th \$250
Thru Apr. 26, '24

Postmarked Apr. 27th \$300
thru May 10 (do not mail after,
Final P.O. box pickup Tues.5/10)

Postmarked by Apr. 12, 2024 \$350
(Wed. -- Fri. prior to CE needed to prep name badges,
handouts, notes, & attendance Sign-In/outs)

Attention Rural DC's! Mail doesn't get postmarked until reaching OKC or Tulsa. Late postmark & insufficient funds strictly enforced and will require an amount that coincides with succeeding corresponding deadline date, plus a \$25.00 fee to cover subsequent billing and additional processing.

D.C's over 65 & inactive, out of state DC or graduated after 5/18/21, pay \$75.00 less

INFORMATION MUST BE COMPLETED IN FULL TO REGISTER.

A-Loft Hotel
209 North Walnut Ave.
405-443-2647
\$189.00 if reserved by Apr. 17
mention "Unified Chiropractic Assoc."
See other hotel options in Bricktown or Meridian Ave.

Payment Option
Submit down payment of \$120.00 postmarked by Apr. 12, '24 and two postdated checks for \$50 ea., dated Apr. 26 & May 10, '24

Price Includes:
Room block Discount
Up to \$100 Member Rebate
Sat. 5 PM Hospitality
Printed requested notes at a discount if pre-ordered

Registration 7:00-8:00 a.m.
Seminar: 8:00 a.m.-12:00 p.m., 1:30 p.m.-5:00 p.m.

Make Checks Payable To:
Unified Chiropractic Assoc.
P.O. Box 701678,
Tulsa, OK 74170

DC Name: _____ Lic.# _____ Grad date: _____ School: _____
Address: _____ E-mail _____
City: _____ State: _____ Zip: _____ Off Ph: _____ Fax: _____
Home zip (for Legislators): _____ Cell # (for urgent text): _____
Techniques, modalities & Specialties: _____
If avail, will you be attend'g the UCA "free" lunch? No Guest(s) @ \$10 ea. Name? _____

Visa M/C A/E #: _____ Exp.: _____ Sec. code: _____
Name (Print): _____ Signature: _____

Every attempt is made to offer these seminars as publicized; however, the Unified Chiropractic Association reserve the right to adjust seminar locations, dates, times, speakers, etc. due to circumstances beyond our control. No audio or video tape recorders are allowed, and no portion of the seminar may be reproduced to any manner without expressed written consent. **All cancellations must be made in writing. Cancellations may be made up to 3 weeks before the start date of the seminar for a 75% refund.** Cancellations 1-3 weeks prior will receive 50% refund, or all monies may be transferred as credit for the next seminar for an administration fee of \$25.00. If a seminar is not held for any reason, the Unified Chiropractic Association's liability is limited to the seminar fee only.