

# Unified Chiropractic Assoc.

## Re-Licensing Seminar

# Dec. 9, 10

Sat. am (4 clinical CE hrs)

Kevin Bradley, DC, CCSP

Presents

**"ON-SITE ATHLETIC INJURY  
ASSESSMENT/COVERAGE**

FOR THE OK DC AS A

**MEMBER OF THE ATHLETIC  
HEALTHCARE TEAM**

**Radiology of the  
Injured Athlete**

by

Steven Gould, DC, DACBR

**NUTRITION FOR THE ATHLETE**

AND

**MARKETING THE PRACTICE**

BY NUMEDICA'S TIM PATE

(SUNDAY (4 CLINICAL CE hrs))

**OKC**

### Four Points by Sheraton

3117 NW 137th

(No. side of Kirkpatrick Turn. behind Twinpeaks)

405-418-8448

**\$99.00** if reserved by **Nov. 24th**

(mention Unified Chiropractic Association)

### Price Includes:

Speaker's Notes

Saturday 5 PM Hospitality

### Payment Option

Submit down payment of \$60.00 postmarked by Nov. 3rd and three postdated checks for \$50 ea., dated 11/3, 11/17 & 12/1

Out of State DC's pay \$75.00 less

(Need CE's for another state,

Please call 918-224-6078 by Oct. 1st

**\$ 210**

Postmarked by Nov. 3, 2017

PLEASE! NO FAXES

Postmarked Nov. 4th  
through Nov. 17, 2017

**\$ 250**

Postmarked Nov. 18th  
thru Dec. 1, but rec'd  
by Dec. 5, '17

**\$ 300**

Postmarked after Dec. 1st  
Or Paying at Door

**\$ 350**

*Insufficient funds will require an amount coinciding with the succeeding corresponding deadline date  
If replaced by original deadline, submit \$25.00 by money order to cover administrative expense.*

**INFORMATION MUST BE COMPLETED IN FULL TO REGISTER. NO Faxes**

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

**D.C.'s over 65 & inactive, out of state DC or graduated after 12/9/14, pay \$75.00 less**

DC Name: \_\_\_\_\_ Grad date: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Off Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Home zip (for Legislators): \_\_\_\_\_ Cell # (for text): \_\_\_\_\_

Techniques & modalities: \_\_\_\_\_

Will you be attending the UCA "free" Lunch? Yes No Guest(s) @ \$10 ea. Who? \_\_\_\_\_

Visa M/C A/E #: \_\_\_\_\_ Exp.: \_\_\_\_\_ Sec. code: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Make Checks Payable To:  
**Unified  
Chiropractic Assoc.**

P.O. Box 701678,  
Tulsa, OK 74170

**NO FAXES, Please!**

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.