



MAINE CHIROPRACTIC ASSISTANTS ASSOCIATION
Seminar
REGISTRATION FORM
See Website for additional information
www.mechiroassist.org

PLEASE CHECK ONE OF THE FOLLOWING:

REGISTRATION FEES

- ___ MCAA Member registration \$90.00 for each staff member (before Apr 29th)
___ MCAA Member registration \$110.00 for each staff member (after Apr 29th)
___ MCAA Non-Member registration \$160.00 for each staff member

FEES ARE NON-REFUNDABLE FOR CANCELLATIONS.

LUNCH AND DINNER WILL BE ON YOUR OWN. BEVERAGES WILL BE SERVED DURING THE SEMINAR.

Please list the names of the Chiropractic Assistants in your office who will be attending;

DOCTOR'S NAME: _____ TELEPHONE: _____

ADDRESS: _____

C.A. NAME: _____ Seminar \$ _____

C.A. NAME: _____ Seminar \$ _____

C.A. NAME: _____ Seminar \$ _____

C.A. NAME: _____ Seminar \$ _____

Total _____

(use the back side for additional members)

PLEASE MAKE CHECKS PAYABLE TO: M.C.A.A.

Mail to: MCAA
Rachel Soucy, Treasurer
82 Albee Rd
Augusta, ME 04330

Email: msoucy@roadrunner.com
Phone: (207) 623-8550