

**MAINE CHIROPRACTIC ASSISTANTS ASSOCIATION  
Seminar Registration Form**

**PLEASE CHECK ONE OF THE FOLLOWING:**

**REGISTRATION FEES**

- \_\_\_ Friday Only Fee \$60 (before Oct 7<sup>th</sup>)
- \_\_\_ Friday Only Fee \$80 (after Oct 7<sup>th</sup>)
- \_\_\_ MCAA Member registration \$80.00 for each staff member (before Oct 7<sup>th</sup>)
- \_\_\_ MCAA Member registration \$100.00 for each staff member (after Oct 7<sup>th</sup>)
- \_\_\_ MCAA Non-Member registration \$160.00 for each staff member

**FEES ARE NON-REFUNDABLE FOR CANCELLATIONS.**

**LUNCH AND DINNER WILL BE ON YOUR OWN.**

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**  
C/o Rachel Soucy  
82 Albee Rd  
Augusta, ME 04330

Email: msoucy8@roadrunner.com  
Phone: (207) 623-8550