

## **CRT Certification Course**

## Country Inn & Suites Fort Atkinson 1650 Doris Dr Fort Atkinson WI 53538

Earn your initial CRT certification in only **three weekends** through the CSW's accelerated program. Same amount of quality classroom instruction condensed into a shorter time frame = reduced travel expenses and more time with your loved ones!

Section 1: June 15<sup>th</sup>-16<sup>th</sup> Thursday, June 15<sup>th</sup> 9:00 a.m. - 6:30 p.m. and Friday, June 16<sup>th</sup> 8:00 a.m. - 5:30 p.m. (Both days include 9 class hours with an hour break for lunch.)

Section 2: June 29<sup>th</sup>-30<sup>th</sup> Thursday, June 29<sup>th</sup> 9:00 a.m. - 6:30 p.m. and Friday, June 30<sup>th</sup> 8:00 a.m. - 5:30 p.m. (Both days include 9 class hours with an hour break for lunch.)

Section 3: July 13<sup>th</sup>-14<sup>th</sup> Thursday, July 13<sup>th</sup> 9:00 a.m. - 6:30 p.m. (9 class hours with hour break for lunch) and Friday, July 14<sup>th</sup> 9:00 a.m. - 12:00 p.m., plus ACRRT Exam from 1:00 pm - 3:00 pm.

**Cost**: \$899\* for member offices | \$1099\* for non-member offices

**Price Increase after June 1st**: \$999\* for member offices | \$1199\* for non-member offices

## \*Fee includes study manual and examination!

Registration cancellations will be accepted until June 1<sup>st</sup>, 2023. Attendees who cancel before June 1<sup>st</sup>, 2023 are eligible for a full refund excluding a \$10 processing fee. There will be no refunds for cancellations after June 1<sup>st</sup>, 2023.

Registration Information – One registrant per page

| Registrant:   | DC/Employer: |     |
|---|--------------|-----|
| Chiropractor: CSW Member? yes (\$899 pe   |              |     |
| Address:  |              |     |
| Phone:  |              |     |
| *Registration fee increases \$100 after Thursday, June 1 <sup>st</sup> , 2023.  Payment: Credit (below) or check made out to "Chiropractic Society of WI" send to CSW, PO Box 259506, Madison WI 53725 to arrive by Thursday, June 1 <sup>st</sup> , 2023. You can also register online: click here |              |     |
| Select: MC Visa AMEX_Name as it appears on the card:  |              |     |
| Card number:  | _ Exp:/ CVV: |     |
| Billing Address (if different than above):  |              |     |
| Signature:  | Da           | te: |
|   |              |     |

Fax to the Chiropractic Society of WI 608-824-2205 or email to <a href="mailto-events@chiropracticsocietywi.org">events@chiropracticsocietywi.org</a>.