



Get Social at The Fall Experience!

Use this form to add event extras onto your Fall Experience registration.

Name on registration _____
Lunches Fri Sat Golf Outing (\$45) Freedom Dinner (\$95) Saturday Show (\$10)

Name on registration _____
Lunches Fri Sat Golf Outing (\$45) Freedom Dinner (\$95) Saturday Show (\$10)

Name on registration _____
Lunches Fri Sat Golf Outing (\$45) Freedom Dinner (\$95) Saturday Show (\$10)

Name on registration _____
Lunches Fri Sat Golf Outing (\$45) Freedom Dinner (\$95) Saturday Show (\$10)

Total Amount (USD) \$ _____

Name as it appears on the card _____

Card Number _____ Exp ____ / ____ CVV _____

Billing Address _____

City/ State/Zip _____

*Checks may be made out to "Chiropractic Society of WI" sent to CSW, PO Box 259506, Madison, WI 53725.

Authorized Signature _____

Registration will close September 23, 2022. Cancellations will be accepted until September 23, 2022 for a full refund excluding a \$10 processing fee. There will be no refunds for cancellations after September 23, 2022.

We will serve from our abundance, educate freely and empower all to reach their full potential.

CSW • PO Box 259506 • Madison, WI 53725

Phone: 608.609.6383 • Fax: 608.824.2205 • Email: info@chiropracticsocietywi.org