



### 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) ☐

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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**   \_\_\_\_\_

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

CSW • PO Box 259506 • Madison, WI 53725

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