



The Fall Experience

CHIROPRACTIC SOCIETY OF WISCONSIN
October 7-9, 2022 | Kalahari Resort

Please complete the below registration form for The Fall Experience. Up to 3 attendees from the same office may use the same registration form. Initial staff certification registrations must be completed separately.

Clinic Info	Doctor Name	_____		
	Clinic Name	_____		
	Clinic Address	_____		
	City/ State/Zip	_____		
	Email	_____	Phone	_____
	Are you a CSW Member?	YES	NO	

Pricing Guide (Member / Non-Member):				
	Doctor	CT&CRT	Student	Guest
5/15-7/20	\$319 / \$419	\$179 / \$229	\$0 / \$50	\$25 per lunch + Enhancements
7/21-8/31	\$369 / \$469	\$199 / \$249		
9/1-9/23	\$419 / \$519	\$219 / \$269		

Attendee 1	Name	_____	Ticket Type	_____
	Lunches	Fri <input type="checkbox"/> Sat <input type="checkbox"/>	Golf Outing (\$45) <input type="checkbox"/>	Freedom Dinner (\$95) <input type="checkbox"/> Saturday Show (\$10) <input type="checkbox"/>
		<i>Lunches must be preregistered.</i>		Price _____

Attendee 2	Name	_____	Ticket Type	_____
	Lunches	Fri <input type="checkbox"/> Sat <input type="checkbox"/>	Golf Outing (\$45) <input type="checkbox"/>	Freedom Dinner (\$95) <input type="checkbox"/> Saturday Show (\$10) <input type="checkbox"/>
		<i>Lunches must be preregistered.</i>		Price _____

Attendee 3	Name	_____	Ticket Type	_____
	Lunches	Fri <input type="checkbox"/> Sat <input type="checkbox"/>	Golf Outing (\$45) <input type="checkbox"/>	Freedom Dinner (\$95) <input type="checkbox"/> Saturday Show (\$10) <input type="checkbox"/>
		<i>Lunches must be preregistered.</i>		Price _____

Notes	Dietary restrictions, preferred golfing partners, etc:	_____	Total:	_____

Payment	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.

Please return form via PO Box 259506, Madison WI 53725 | Fax: 608-824-2205 | events@chiropracticsocietywi.org



Initial Certification Courses (NO CE)
Kalahari Resort, Wisconsin Dells – October 7-9, 2022

Friday, October 7, 2022	
8:30 AM – 6:30 PM	Chiropractic Technician Fundamentals Includes Overview, Patient History and Vital Signs <i>Please bring a stethoscope and sphygmomanometer to class</i>
Saturday, October 8, 2022	
8:00 AM – 12:00 PM	Chiropractic Technician Fundamentals Cont. Thermo/Cryotherapy* Electric Stimulating Currents* <i>Please bring a set of electrodes</i>
2:00 PM – 3:00 PM	
3:00 PM – 6:00 PM	
Sunday, October 9, 2022	
8:00 AM – 11:00 AM	Light Therapy* Ultrasound*
11:15 AM – 2:15 PM	
*Course requires Chiropractic Technician Fundamentals as a prerequisite. Enrollment or prior completion of Chiropractic Technician Fundamentals is required for certification in modalities. Schedule is subject to change.	

Please check all courses you wish to attend.

CSW Member	Non CSW Member
Chiropractic Fundamentals - \$119	Chiropractic Fundamentals - \$149
Electric Stimulating Currents - \$59	Electric Stimulating Currents - \$79
Ultrasound - \$59	Ultrasound - \$79
Light Therapy - \$59	Light Therapy - \$79
Thermotherapy/Cryotherapy - \$20	Thermotherapy/Cryotherapy - \$29
Full 2-Day Package - \$249	Full 2-Day Package - \$349
Total _____	Total _____
<i>\$20.00 late fee added per individually selected class for registration after Wednesday, August 31, 2022. There will be a \$40 late fee added for the Package option.</i>	

Registrant Info	Doctor Name _____	Registrant Name _____
	Clinic Name _____	
	Clinic Address _____	
	City/ State/Zip _____	
	Email _____	Phone _____

Payment Info	Name as it appears on the card _____
	Card Number _____ Exp ____/____ CVV _____
	Billing Address _____ <small>(if different than mailing)</small>
	City/ State/Zip _____

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Authorized Signature _____

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