



# DALLAS REGISTRATION FORM

## KDT TECHNIQUE CERTIFICATION COURSE

**RETURN BY FAX ASAP: (814) 754-5137**

**Sat. February 9 & Sun. February 10, 2019**

### ChiroSymposium

*\*Optional Friday Evening Symposium Portion - FREE with registration  
guest speaker: Dr. Terry Yochum*

**YES! I would like to attend or re-attend**

**RSVP by  
Jan 21st.**

**LOCATION: DALLAS / FORT WORTH MARRIOTT SOLANA**

1301 Solana Blvd Building 3, Westlake, TX 76262 Ph: 817-430-5000  
*Mention Breakthrough Coaching when reserving your room*

**TIME: Sat. 9:00am - 5:00pm ~ Sun. 8:00am - 12:00pm**

Clinic Name: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ License #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

**(Re-attending fee is \$49  
complete reverse side)**

**To Register a Chiropractic Assistant  
Please complete the reverse side.**

**Chiropractic Assistant  
Fee \$99 each**

**(CAN NOT BE A LICENSED HEALTHCARE PROFESSIONAL)**

**This KDT Class is the second portion of  
the KDT Decompression Certification.  
You must be a registered user of KDT to  
receive your KDT Certification OR You  
may attend the seminar only portion but  
will not get your certification until you  
purchase and complete the online course.**

*\*12 hours of continuing education credits are an additional fee of \$99. CE credits are only available in the state in which the seminar is held. If you are not located in state in which the seminar is being held, call our office at PH: 814-754-1082 before completing registration form to be sure that your state will accept the hours. Some states require anywhere between 90 - 120 days notice. Once the registration form is submitted we can not refund your registration fee.(see reverse side)*

### Cancellation Policy:

\*Cancellation MUST be in writing. All cancellations after deadline prior to the Seminar and no shows are liable for the entire fee. The KDT Certification Technique & Mircom Products, LLC makes every attempt to offer programs as publicized. We nevertheless reserve the right to alter and/or adjust program details, including but not limited to dates, locations, times, instructors, and presentation sources and sequences. You are encouraged, therefore, to contact Mircom Products, LLC to confirm program details prior to attending the sessions. KDT & Mircom Products, LLC are not responsible for expenses and/or consequential damages suffered by registrants of altered programs. \*For further information please call MirCom Products at 814-754-1081. \*For those who cancel after the deadline or do not show will not be refunded. \*Seminar Fee cannot be credited to a future seminar.

Technique Course is not table specific. It doesn't matter what type of decompression traction table you utilize. I.e. Dynatronics, Lloyd, Vax D, Chattanooga, etc. Again, the technique course is not table specific. If you have questions please call 1-814-754-1081.

**You are responsible for your own travel arrangements to and from seminar location.**



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## KDT TECHNIQUE CERTIFICATION CLASS

February 9-10, 2019

ChiroSymposium

### CHARGES SELECTION (Please initial all options that apply)

SEMINAR / CLASS 2nd Portion.....\$1499\*/ doctor

DOCTOR NAME : \_\_\_\_\_

**\* Do you own a KDT Table or have a KDT Seminar Credit?  
Yes or No. Please circle one.**

RE-ATTEND CLASS.....\$49 / attendee

NAME RE-ATTENDING: \_\_\_\_\_ (No Certificate)

12 HOURS OF CE \*12hrs CE Approved for TX Only.....\$99 / attendee

PROFESSIONAL STATE LICENSE# \_\_\_\_\_

CHIROPRACTIC ASSISTANT.....\$99 / attendee

(can not be a licensed healthcare professional)

NAME OF CHIROPRACTIC ASSISTANT: \_\_\_\_\_

NAME OF CHIROPRACTIC ASSISTANT: \_\_\_\_\_

### CREDIT CARD INFORMATION

NAME (As it appears on the card): \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE#: \_\_\_\_\_

CARD# (MC/VISA/DISC/AMEX)

\_\_\_\_\_ EXP: \_\_\_\_/\_\_\_\_ SECURITY CODE: \_\_\_\_\_

**PAYMENT AUTHORIZATION** I authorize Mircom Products, LLC KDT Decompression Systems & Technique to charge my credit card for payment for the above listed charges.

\_\_\_\_\_  
CARDHOLDER'S SIGNATURE

\_\_\_\_\_  
DATE

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