



# NEW JERSEY REGISTRATION FORM

## KDT TECHNIQUE CERTIFICATION COURSE

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

**Sat. April 13 & Sun. April 14, 2019**

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

**LOCATION: Hilton Garden Inn Mt. Laurel**

4000 Atrium Way, Mount Laurel, NJ 08054

For Hotel Reservation call (856) 234-4788

**RSVP by  
April 4th**

**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.**

**(one healthcare professional per user license)**

*\*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

April 13-14, 2019

### 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 NJ, NY, PA 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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