



# PENNSYLVANIA REGISTRATION FORM KDT TECHNIQUE CERTIFICATION COURSE

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

**Sat. Aug 15 & Sun. Aug 16, 2020**

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

**LOCATION: FJ MISCOE LEARNING CENTER**

299 Main Street - Central City, PA 15926 Ph: 814-754-1081

**RSVP by  
Aug 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 and  
completed the online portion prior to  
attending the seminar. You must  
complete both portions to receive your  
KDT Certification.**

***(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:

\*\* Due to hotel food and beverage requirements, registrants will incur a \$75 per individual cancellation fee without notification a minimum of two weeks prior to the event; Registrants that do not show up for the seminar (no show) will incur a \$75 per individual cancellation fee. 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.**



# PENNSYLVANIA REGISTRATION FORM KDT TECHNIQUE CERTIFICATION CLASS

August 15-16, 2020

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

SEMINAR / Certification .....\$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 \* .....\$99 / attendee

\* 12hrs CE Approved for PA Only

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 (MUST PROVIDE A CREDIT CARD) \* See Cancellation Policy\*

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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