



PENNSYLVANIA REGISTRATION FORM KDT TECHNIQUE CERTIFICATION COURSE

RETURN BY FAX ASAP: (814) 754-5137

Sat. May 16 & Sun. May 17, 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
May 5th

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

May 16-17, 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

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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