



# PENNSYLVANIA REGISTRATION FORM

## KDT TECHNIQUE CERTIFICATION COURSE

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

**Saturday, October 14, 2023 (ONE DAY)**

**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  
Oct. 5th***

**TIME: Sat. 9:00am - 6:00pm (ONE DAY)**

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

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

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

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

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

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

**(Re-attending fee is \$99  
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)*

**\*NO CONTINUING EDUCATION\***

### 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

October 14, 2023

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

## 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.*

If you have a seminar free credit and do not show up for the seminar - you forfeit your free seminar

RE-ATTEND CLASS.....\$99 / attendee  
 NAME RE-ATTENDING: \_\_\_\_\_ (No Certificate)

CHIROPRACTIC ASSISTANT.....\$99 / attendee  
 (can not be a licensed healthcare professional) *\* Do you have a KDT CA Seminar Credit? Yes or No. Please circle one.*  
 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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