



FEDERATION INTERNATIONALE
DE CHIROPRACTIQUE DU SPORT

**ICSSD Seminar
Hands-On Module - Upper Extremities
Friday April 30, May 1 & 2, 2010**



Cleveland Chiropractic College

10850 Lowell Avenue, Overland Park, Kansas 66210, USA

Name: _____ Title: _____

College/Organisation/Association (if applicable): _____

Address: _____ Suite: _____

City: _____ State/Prov: _____

Zip Code: _____ Country: _____

Tel: _____ Fax: _____

E-mail: _____

Registration Fee: (Includes seminar notes on CD and meals).

<input type="checkbox"/> FICS members USD \$600.00 Must confirm National Chiropractic Sports Council membership	<input type="checkbox"/> Final Year Student US\$ 350.00
<input type="checkbox"/> Non FICS members USD \$700.00	<input type="checkbox"/> ICSSD Examination US\$ 150.00
Total USD \$ _____	

Methods of Payment:

Payment enclosed (Cheque/check payable to International Federation of Sports Chiropractic).

Charge my credit card:  

Registration Deadline: April 10, 2010. Cancellation: All cancellations will incur a \$ 30.00 administrative fee.

Card Number: _____ Exp. Date: _____

Name of cardholder _____ Date: _____

Signature: _____

Mail this form, fax or e-mail your remittance to the FICS Administrative Office

International Federation of Sports Chiropractic – Administrative Office
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