

# 2004 Teleseminars Registration Form

(Please print clearly or type)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

ACA Membership # \_\_\_\_\_

## Payment

Check enclosed, for \$ \_\_\_\_\_ payable to the American Chiropractic Foundation.

Bill my credit card for \$ \_\_\_\_\_ using the information below.

Credit card:  Visa  Mastercard  Amex  Discover

Credit card # \_\_\_\_\_ Exp. date \_\_\_\_\_

Cardholder signature \_\_\_\_\_

**Please check the seminar(s)  
you wish to participate in.**

MONTH	TOPIC
<input type="checkbox"/> February	Coding Solutions
<input type="checkbox"/> March	Managing Your Family Practice
<input type="checkbox"/> May	HIPAA
<input type="checkbox"/> June	Outcomes Assessment
<input type="checkbox"/> July	Developing Effective Practice Strategies
<input type="checkbox"/> August	ERISA
<input type="checkbox"/> October 4	The FTC & Antitrust Law
<input type="checkbox"/> October 26	Health Care Fraud & Abuse
<input type="checkbox"/> November	Insurance Coding & Reimbursement
<input type="checkbox"/> November	7 Ways to New Patients
<input type="checkbox"/> December	Medicare

● **Registration Fee  
Per Seminar:**  
**\$69 ACA Members;**  
**\$35 SACA Members;**  
**\$99 Non-ACA Members**

**FAX TO:**  
703/243-2593

**OR MAIL TO:**  
Janet Ridgely  
1701 Clarendon Blvd.  
Arlington, VA 22209

**FOR MORE INFORMATION:**  
Call ACA Member Services  
Department at  
**1-800-986-INFO (4636)**



**Cancellation Policy:** If written notification of cancellation is received 72 hours prior to the live teleseminar, payment will be refunded, less a \$25 processing fee. No refunds or credits will be issued within 72 hours of the live teleseminar.