

**Web site:**  
**www.icaei.net**

**For more information:**  
**888-569-3990**  
**765-569-3722**



**Email completed form to:**  
drjonferguson@sbcglobal.net

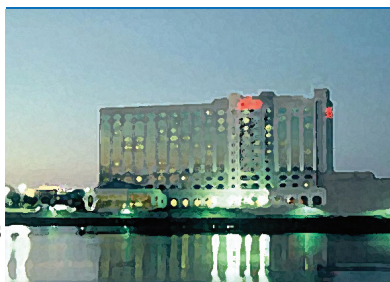
**Mail completed form to:**  
ICAI  
1108 Indiana Ave.  
La Porte, IN 46350

**FAX completed form to:**  
765-569-3362 FAX

1108 Indiana Avenue  
La Porte, IN 46350

**Seminar Location:**

Marriott North Hotel  
3645 River Crossing Pkwy.  
Indianapolis, IN 46240  
1-800-228-9290  
ICAI Early Rate \$104  
Ask for ICAI Conference Rates  
Hotel Early rate expires 4/6/12



**2012 Spring Seminar Saturday April 28th (8:00am-5:00pm) & Sunday April 29th (8:00am-noon)**  
**A separate form is required for each registration. Please print clearly.**

Last name \_\_\_\_\_ First name \_\_\_\_\_ Initial \_\_\_\_\_

Office Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Chiropractic College \_\_\_\_\_ Year Graduated \_\_\_\_\_

Email \_\_\_\_\_ Name to appear on Badge \_\_\_\_\_

Early Bird Registration Ends 4/13/12	12 Hours		8 Hours		4 Hours	
	Early Bird	Regular	Early Bird	Regular	Early Bird	Regular
ICAI Member	\$275	\$400	\$245	\$355	\$200	\$300
Non-Member	\$475	\$575	\$375	\$425	\$300	\$375
Staff/Guest with DC	\$225	\$350	\$200	\$300	\$175	\$250

**Please circle the appropriate fee / hours above you wish to purchase.**

**Payment Information:**

\_\_\_ Check or Money Order Enclosed

\_\_\_ Please charge my Credit Card: \_\_\_ MC \_\_\_ VISA \_\_\_ AMEX

Credit Card Number \_\_\_\_\_ Expiration date \_\_\_\_\_

Print Cardholder Name (exactly as it appears on card) \_\_\_\_\_

Cardholder Signature \_\_\_\_\_