

CONVENTION REGISTRATION



Individual: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Emergency Contact: _____ Contact Phone: _____

License No. _____ Check if licensed in other states and list: _____

CIRCLE APPROPRIATE FEE

	Before March 31	April 1 - May 1	May 2 - Onsite
Palmetto Club Member			
SCCA Doctor Member	\$400	\$500	\$600
HNS/SCCA Member <i>Registration paid by HNS*</i> <i>To qualify for this rate, you must be an HNS participant & SCCA dues must be current. Cut-off is May 1.</i>			N/A
Doctor Non-Member	\$550	\$650	\$750
CA Member	\$250	\$300	\$350
CA Non-Member	\$350	\$400	\$450
Chiropractic Student	\$80	\$100	\$100
Spouse/Guest <i>Name: _____</i>	\$150	\$150	\$150

Payment Method: Check (Payable to SCCA) Visa Master Card Discover American Express

Name On Card: _____

Account Number: _____ Exp. Date: _____

Billing Account Zip Code: _____ CVV Code: _____

Signature: _____

TOTAL: _____

ONLINE REGISTRATION AVAILABLE AT WWW.SCCHIROPRACTIC.ORG

Email completed form to scca@capconsc.com or mail to: SCCA | P.O. Box 1763 | Columbia, SC 29202

To qualify for the above rates, payment must be received by the deadlines. **Registration is incomplete until payment is received.** A 3.5% convenience fee will be added to transactions paid with a credit card. This fee can be avoided by paying with a check or in person with cash.

Convenience fees are waived for Palmetto Club members.