

Georgia Council of Chiropractic Presents...

The Dynamic CA 2012



ALL NEW

NEW DAYS

NEW TIMES

**NEW
LOCATION**

*Save the dates and register your whole office now...
your staff and patients will thank you for it!*

Who: Chiropractic Assistants (CAs) of all skill and experience levels, those who want to be CAs, and Chiropractic Students.

When: Saturdays, 1pm to 6pm. *The Compliance Express Weekend schedule and location will differ. Watch our website for details and updates.

Where: All regular modules will be held at:
**United Community Bank
3rd Floor Community Room
1001 Polk St, Marietta GA 30064**

Register: Call the GCC office at 678-667-4567 or use registration form on back.

Feb. 11 — The Chiropractic Connection

Feb. 18 — The Chiropractic Approach

March 3 — Building a Dynamic Team

**March 17, 18 — *Compliance Express
(Georgia X-ray Certification)**

March 24 — The Dynamic “Doctor You”

April 21 — Stress-free Third Party

April 28 — The Chiropractic Experience



Ph: 678-667-4567

Fax: 650-719-3756

www.georgiachiropractic.org



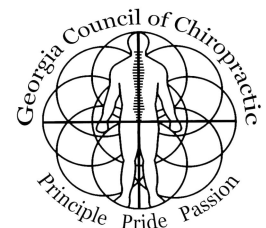
**Dr. Vince
Campbell**



**Dr. Nicole
Bengé**



**Ms. Lisa
Engle**



Ph: 678-667-4567

Fax: 650-719-3756

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the **Dynamic CA**

REGISTRATION FORM

Georgia Council of Chiropractic
 PO Box 4245
 Marietta, Georgia 30061
 Phone: 678-667-4567
 Fax: 650-719-3756
info@georgiachiropractic.org
www.georgiachiropractic.org

Office Name: _____ Doctor Name: _____

Email: _____ Office Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

CA Name: _____ Modules: 2/11 2/18 3/3 X-ray 3/24 4/21 4/28
 Email: _____ Phone: _____

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 Email: _____ Phone: _____

Description	GCC Members*	GCC Student Members*	# modules/CAs X \$amount = \$line total
Regular Modules-Individually	\$50 each	FREE	_____ x \$50 = \$_____
4 or More Modules	\$199	FREE	_____ x \$199 = \$_____
X-ray Certification	\$100	\$50	_____ x \$100/50 = \$_____
All Modules + X-ray	\$275	\$65	_____ x \$275/65 = \$_____
Memberships (per non-member)			_____ x \$40 = \$_____
		Subtotal:	\$_____
Discounts**		- _____%	\$-(_____)
		Total:	\$_____

*Non-member CAs/students: If neither you nor the doctor you work for are GCC members, pay just \$40 membership dues (per person) with first module to become a GCC Auxiliary/Student Member. Then pay member rate for additional modules or the full program. Call 678-667-4567 if you have questions.

**Office Discounts: 2 CA's from same office, 25% off. 3 CA's from same office 40% off. 4 CA's from same office 50% off. Contact GCC office for pricing if you are sending more than 4 CA's.

PAYMENT INFORMATION:

Amount: \$_____ Please Bill My AMEX VISA/Master Card Discover or I have enclosed check # _____

Name on Card: _____ Card Number: _____

Signature: _____ Expiration: _____ Billing Zip Code: _____