

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 24 — The Dynamic “Doctor You”**

**April 14 — \*Compliance Express  
(Georgia X-ray Certification)**

**April 21 — Stress-free Third Party**

**April 28 — The Chiropractic Experience**



Ph: 678-667-4567

Fax: 650-719-3756

[www.georgiachiropractic.org](http://www.georgiachiropractic.org)



**Dr. Vince  
Campbell**



**Dr. Nicole  
Bengé**



**Ms. Lisa  
Engle**



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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](mailto:info@georgiachiropractic.org)  
[www.georgiachiropractic.org](http://www.georgiachiropractic.org)

Office Name: \_\_\_\_\_ Doctor Name: \_\_\_\_\_

Email: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

CA Name: \_\_\_\_\_ Modules:  2/11  2/18  3/3  3/24  X-ray  4/21  4/28

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

CA Name\*\*: \_\_\_\_\_ Modules:  2/11  2/18  3/3  3/24  X-ray  4/21  4/28

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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Email: \_\_\_\_\_ Phone: \_\_\_\_\_

CA Name\*\*: \_\_\_\_\_ Modules:  2/11  2/18  3/3  3/24  X-ray  4/21  4/28

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	\$50	_____ x \$275/50 = \$_____
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 or have CA Program Alumni wanting refresher.

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### 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: \_\_\_\_\_