

Checks or cash are acceptable forms of payment at this time. We do not have credit card capability, sorry.

REGISTRATION FORM

Name: _____ Phone: _____

Address:

City: _____ State: _____ Zip Code: _____

Fax: _____ Email: _____

License # _____ State: _____

I plan to attend: _____ Yes _____ No

Please keep me informed of future seminars by the U.P. Chiropractors: _____ Yes _____ No

Dinner is included in the price of the seminar. I plan to attend dinner: _____ Yes _____ No

**Return to: U.P. Chiropractors
E. Allen Klumpp, D.C.
310 West Washington Street Suite 300
Marquette, MI 49855**

If there are any questions please contact me at 906-228-9800.