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**MANIPULATION UNDER ANESTHESIA COURSE
REGISTRATION FORM
PRESENTED BY TED COOK, D.C.
CO-SPONSORED BY THE SOUTHERN CALIFORNIA UNIVERSITY OF
HEALTH SCIENCES**

32 Continuing Education Credits Available for Illinois Chiropractors



Course Date: OCTOBER 18, 19, 20 2011
Location: Central Medical Specialists
2715 N. Central Ave., Chicago, IL 60639

Name: _____

License #: _____ **Liability Ins. Carrier:** _____

Degrees: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____

E-Mail: _____ **Office Phone:** _____

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MUA Course Fee:

Registration Fee \$1800.00

Payment (must be received with registration 2 weeks prior to course start date):

To pay by credit card, please fax this form to (561) 392-9707 with information completed below:

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UPON RECEIPT OF PAYMENT A CONFIRMATION WILL BE EMAILED TO YOU.

Thank you for your interest in MUA training. We strive to give the best service and satisfaction and look forward to your needs in the future. By completing and signing this form you agree to the charges listed above and you authorize Surgical Solutions to bill your credit/debit card for those charges listed on this page. In addition, you understand that Surgical Solutions has a no refund policy, therefore you agree that you will not initiate a refund.

Please direct any questions regarding course payment to Jamie LiBrizzi at j_librizzi@hotmail.com or call (773) 677-7908.