



2024 Winter Seminar

Children & Chiropractic Care
January 13-14, 2024



Location:

Hilton Garden Inn: Grand Forks-UND
4301 James Ray Dr, Grand Forks, ND 58203
Rooms start at \$145/night (blocked under NDCA, ends Dec. 14, 2023)

Speaker:

Mary Beth Minser, DC, FICPA

10 Hours of Continuing Education on Children & Chiropractic Care:

Saturday, January 13, 2024 7:30am Registration & Breakfast
8:00am Seminar starts
10:15am Morning break
VISIT THE VENDORS
12:00-1:00pm Lunch (provided)
1:00pm Seminar resumes
2:45pm Afternoon break
VISIT THE VENDORS
4:30pm Seminar ends for the day
5:00pm Reception

Sunday, January 14, 2024 7:30am Breakfast
8:00am Seminar starts
9:30am Morning break
VISIT THE VENDORS
11:30am Seminar concludes

Registration Fees:

NDCA Member Doctor – **FREE with \$200.00 CPAC Donation**

NDCA Member Doctor – Non-CPAC Donation - \$300.00

First and Second Year NDCA Member Doctors – FREE – You MUST Still Register.

Non-NDCA Member Doctor - \$500.00

State Association Member of a different state - \$300.00

(please call 701-934-2682 prior to registering)

Registration is due by January 3, 2024

Register ONLINE using the NDCA website:

Log into www.ndca.net. A link for registration is on the homepage.

If you are making a contribution to the ND CHIRO PAC:

- 1.) Please submit your registration form to the NDCA (online, email, mail or send with check to Dr. Bjorlie)
- 2.) Contribution (**personal check ONLY**) to be made out to **"NDCHIROPAC" and mailed to:**
Dr. Kevin Bjorlie 1383 21st Ave. N Fargo, ND 58102
or your contribution can also be made at registration Saturday morning
- 3.) Credit cards **cannot** be used for NDCHIROPAC donation

If you are paying the full registration fee, please send your payment and registration form to the NDCA or pay at registration Saturday morning.

Register using this form via mail or email: NDCA, PO Box 14176, Grand Forks, ND 58208 OR info@ndca.net

Please print the following:

Name of doctor(s) attending: _____

Address, City, State, Zip: _____

Email Address: _____

I wish to pay by check: _____ I am donating to the NDCHIRO-PAC _____ \$200.00 personal check

Please remember to send your check to one of the addresses above or bring your check to the seminar.

I wish to pay via credit card: _____ (type of card; Visa, MC, Discover, etc.)

Name on credit card: _____

Credit card number: _____

Expiration Date: _____

CVV Number: _____

Registration Fees:

NDCA Member - CPAC Donation _____ x \$200.00 = _____

NDCA Member – NO CPAC Donation _____ x \$300.00 = _____

NDCA 1st Year Member FREE _____ x (Don't forget to register)

NDCA 2nd Year Member FREE _____ x (Don't forget to register)

Non-NDCA Member _____ x \$500.00 = _____

State assoc. member of another state _____ x \$300.00 = _____

TOTAL DUE = _____