



## 2025 Winter Seminar

Functional Medicine & Physiotherapies

January 10-11, 2025



### Location:

Radisson Hotel Bismarck

605 E. Broadway Ave.

Bismarck, ND 58501 || 701-712-6475

Rooms start at \$109/night (blocked under NDCA through 12/22/24)

### Speakers:

Kristi Morlan-Hughes, ND, IFMCP

Michael Powell, DC

### **10 Hours of Continuing Education:**

Friday, January 10, 2025

8:00am Registration & Breakfast

8:30am 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**

5:00pm Seminar ends for the day

Saturday, January 11, 2025

8:00am Breakfast

8:30am Seminar starts

10:00am Morning break

**VISIT THE VENDORS**

11:45am 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 in Different State - \$300.00

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

**Registration is due by January 1, 2025**

## Register ONLINE using the NDCA website:

Log into [www.ndca.net](http://www.ndca.net). A link for registration is on the homepage.

### If you are making a contribution to the ND CHIRO PAC (OPTION AVAILABLE FOR NDCA MEMBERS ONLY):

- 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 without making a donation to NDCHIROPAC, 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](mailto: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 = \_\_\_\_\_