## Chiropractic Assistant Review

#### Presented by the NCA

CA’s NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOCTOR’S NAME AND ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

CA’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CA’S Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Saturday** August 15th, 2020 from 12:00 pm to 5:00 pm at

**Faith Community Lutheran Church**

**2700 S. Town Center Drive**

**Las Vegas, NV 89135**

**PLEASE BE ADVISE YOU MUST WEAR A MASK !!!**

**2020 NCA MEMBER**

\_\_\_\_\_ CA $150.00 each \_\_\_\_\_\_ 2nd CA and additional CA’s from same office $75.00 each

**NON NCA MEMBER**

\_\_\_\_\_ CA $175.00 each \_\_\_\_\_\_ 2nd CA and additional CA’s from same office $100.00 each

**CA RE-TAKE NCA SEMINAR**

\_\_\_\_\_ CA $50.00 each, that has taken our seminar and has not passed the Board test

**Total Amount Paid** $ \_\_\_\_\_\_\_\_\_

Credit Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code on back of CC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note we only accept Visa or MasterCard. If you are paying by Credit Card, please email this form to** [**nvchiroassoc@cs.com**](mailto:nvchiroassoc@cs.com) **and/or fax it over to 702-399-6671. If paying by check please mail to:**

**2700 E. Lake Mead Blvd. Ste # 10 North Las Vegas, NV 89030**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nevada Chiropractic Association 2700 E. Lake Mead Blvd Ste. # 10 North Las Vegas, NV 89030

Phone #: 702-233-2288 Fax # : 702-642-2448 Email Address: [nvchiroassoc@cs.com](mailto:nvchiroassoc@cs.com) Website: **nvchiroassoc.org**