

DRY NEEDLING INSTITUTE, LLC  
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## TRAINING SEMINAR REGISTRATION AND PAYMENT FORM

NAME \_\_\_\_\_  
(as you would like it on your Certificate)

COMPANY NAME (if applicable) \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS2 \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_

OFFICE PHONE# \_\_\_\_\_ CELL PHONE# \_\_\_\_\_

PROFESSION-SPECIALTY \_\_\_\_\_

LICENSED IN WHAT STATE(S) \_\_\_\_\_

LICENSE NUMBER(S) \_\_\_\_\_

NPI# \_\_\_\_\_

DATE OF SEMINAR \_\_\_\_\_ SEMINAR LOCATION \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

PAYMENT TYPE CHECK VISA MASTERCARD AMEX DISCOVER

CARDHOLDER NAME \_\_\_\_\_

CHECK/CARD NUMBER \_\_\_\_\_ EXP DATE \_\_\_/\_\_\_/\_\_\_

BILLING ADDRESS (IF DIFFERENT FROM ABOVE)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

No refunds due to cancellation issued within 30 days of course. 80% refund for cancellation 60 to 31 days prior to course.

**Please attach the following and return it with your registration:**

- a copy of a current state Chiropractic License
- the Declaration page of your current Malpractice Insurance
- the Information, Disclosure, Consent and Waiver Form attached to the Registration Form

Please mail or fax this form to the address at the top of this form.