



Postural Balancing Technique 1

*Introduction to Postural Balancing Technique,
Assessment & Basic Treatment Protocol*

Sponsored by Animal Connections Integrative Care

Name: _____

Degree (please circle): DC, DVM, VMD License Number: _____ State/ Country: _____

Address: _____

Phone Number: _____ Email: _____

Emergency Contact #: _____ Name/Relationship: _____

This Application is for the Course(s):

Seminar dates:

- May 20th - 21st 2022 in Suffolk, Virginia as well as online coursework – basic techniques for the cervical, thoracolumbar and sacropelvic regions will be covered. Cost: \$795.00

Admissions Requirements:

1. Applicant must be a Chiropractor or Veterinarian that has completed a Basic Animal Chiropractic course at an AVCA or IVCA approved school. Any other programs will be considered on a case by case basis. All applicants must also sign the application form attesting to being in good standing in the areas in which he/she practices and with his/her professional associations. All participants must comply with their state's laws and statues pertaining to animal chiropractic and bodywork practices.
2. All applicants **must provide a copy of their current license** (DC, DVM VMD).

3. All applicants **must provide a copy of the certificate** of their successful completion of a AVCA or IVCA Basic Animal Chiropractic Course or course that applicant would like considered towards attendance.
4. Please include payment with application. Forms of payment to Animal Connections Integrative Care include:
 - Bank Check in United States Funds
 - United States Money Order or International Money Order
 - Venmo
 - PayPal - include preferred email address for PayPal invoice
 - email: _____
5. Refunds: Refund of 75% for more than 4 weeks of scheduled date. Refund of 75% if less than 4 weeks ONLY if seat can be filled otherwise NO REFUND. Please note all cancellations must be made in writing and sent via email to info@alliance-ic.com.

Important, Please Read:

Please do not make travel arrangements until you have written or verbal confirmation from Alliance on your status. We cannot guarantee that you can attend if placed on a waiting list. Every attempt is made to offer courses and seminars as announced. Alliance for Integrative Care reserves the right to adjust course and seminar dates, times, locations, faculty and tuition to accommodate unexpected circumstances and occurrences. Every attempt will be made to notify paid registrants in advance of program changes. Alliance cannot be held responsible for expenses incurred by registrants if programs must be altered.

Signature of Applicant: _____ Date: _____

Course Administrator: _____ Date: _____

By signing above, applicant acknowledges that they have read the catalog, are in good standing with their particular licensing board and that they are not currently under investigation for unprofessional conduct. Prior to signing this Enrollment Agreement, each Part has read and understands and agrees to all of the provision of this Agreement.

Alliance for Integrative Care, LLC
10950 Co Rd 20, Delano, MN 55328