



Application for Attendance

Name: _____

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

This Application is for the Course(s):

- Optimizing Care Through an Integrative Approach Seminar Series - Thoracolumbar Spine (May 3rd, 2019) - cost: \$175.00
- Introduction to Postural Balancing Technique and Thoracolumbar Techniques. (May 4th & 5th, 2019) - cost \$650
- Optimizing Care Through an Integrative Approach Seminar Series - Cervical Spine (November 9th, 2019) - cost: \$175.00
- Postural Balancing Technique - Cervical Spine Techniques. (November 10th & 11th, 2019) - cost \$650

Address: _____

Phone Number: _____ Email: _____

Emergency Contact #: _____ Name/Relationship: _____

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. 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.
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.
4. Please include payment with application. Forms of payment to Alliance for Integrative Care include:
 - Bank Check in United States Funds
 - United States Money Order or International Money Order
 - 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
497 Kuntz Drive, Independence, MN 55359