**CHIROPRACTIC CONTINUING EDUCATION SEMINAR 2021**

**DANIEL DOCK, DC, DIANM**

Diplomate International Academy of Neuromusculoskeletal Medicine, Board Certified Chiropractic Orthopedist

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**Webinar Hosted by CDI**

***Indiana: LIVE, INTERACTIVE WEBINAR presented by NWHSU***

**May 18, 2021, Tuesday Clinical Practice & Thoracic/Lumbar Symptoms, Day 1**

 **11 am – 3 pm Eastern 4 Hours CE**

**May 20, 2021, Thursday Clinical Practice & Thoracic/Lumbar Symptoms, Day 2 7:30 am – 3:30 pm Eastern 8 Hours CE *(Includes 4 Hours Risk Management)***

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**Continuing Education: IN - 12 Hours CE Live, Interactive, Day 1 and Day 2**

 **(*Seminar includes 4 Hours Risk Management)***

***CE and online requirements vary from state to state.  It is the Doctor's responsibility to know their individual state requirements, and any recent changes.  This is a Live Webinar presented interactively*.**

**CE Sponsored & Webinar Facilitated By: Northwestern Health Sciences University**

**Speaker: Dr. Daniel Dock, DIANM**

**Diplomate International Academy Neuromusculoskeletal Medicine**

**Board Certified Chiropractic Orthopedist**

**Indiana Location: WEBINAR**

**Time for Indiana Seminar: See above.**

***\*\*\* If you arrive late or are not at the class for the full class time, you cannot receive full CE credit for the day. Partial credit given for partial attendance.***

**CLASS REGISTRATION FORM**

***Pre-Registration Requested as Space is Limited***

 **Cost: $ 125.00 Single Seminar (And, Day of Seminar Registration)**

**\*\*\* Cost: $ 99.00 *(Multiple doctor discount, each doctor, two or more doctors must register together,***

***at the same time. Registration/Payment must be received before date of seminar.)***

***Please indicate dates you will be attending*: Indiana: [ ] May 18 and May 20**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Method of Payment: [ ] Check Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **[ ] Visa/MC/AmEx # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Please bill my account $ \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To Register: Call 1-218-525-2033. Online: drdanieldock.com.**

**Or Mail Registration/Make check to: Dr. Daniel Dock 4529 E. Superior St. Duluth, MN 55804**

**Class may fill so pre-seminar registration encouraged. Registration not complete until payment received.**

**No Show – No Refund. All Registrations Final. Seminar reserves the right to adjust dates, times, and locations.**

