**CHIROPRACTIC CONTINUING EDUCATION SEMINAR 2022**

**DANIEL DOCK, DC, DIANM**

Diplomate International Academy of Neuromusculoskeletal Medicine, Board Certified Chiropractic Orthopedist

***Indianapolis Location:***

**May 21-22, 2022 “Sciatica” and Differential Assessment 12 Hours CE**

**Saturday & Sunday *(Includes 4 Hours Risk Management)***

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**Continuing Education: IN - 12 Hours CE Approved**

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

**CE Sponsored By: Northwestern Health Sciences University**

**Speaker: Dr. Daniel Dock, Board Certified Chiropractic Orthopedist**

**Indianapolis Location: Crowne Plaza Indianapolis Airport**

**2501 S High School Rd, Indianapolis, IN 46241**

**Time for Indianapolis Seminar: Saturday: Registration: 7:30 am Seminar: 8:00 am – 5:00 pm**

**Sunday: Seminar: 8:00 am – 12 Noon**

***\*\*\* If you arrive late after 8:00 am, 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 Weekend Seminar (And, Day of Seminar Registration)**

***Please indicate dates you will be attending*: Indianapolis: [ ] May 21-22**

**Online Registration:** [**https://www.enrole.com/nwhealth/jsp/**](https://www.enrole.com/nwhealth/jsp/)

First Name: Last Name:

Address:

City: State: Zip Code:

Chiropractic License # State(s) of License:

Date of Birth (MM/DD/YY):

Email Address (required):

**Mask/Face Coverings: Please follow CDC, State, and Local Guidelines.**

**To Register:**

**Seminar Information & Online Registration at:** [**https://www.enrole.com/nwhealth/jsp/**](https://www.enrole.com/nwhealth/jsp/)

**By Credit Card:**

Online: <https://www.enrole.com/nwhealth/jsp/>

Phone: 952-885-5446 (Mon-Fri, 8am-4:30pm)

Fax: 952-881-3028 (include CC information on this form)

**By Check:**

Mail (include registration form & check made payable to NWHSU)

Northwestern Health Sciences University, Attn: CE department, 2501 W 84th St, Bloomington, MN 55431

**Credit Card Information:**

Card Number:   
Expiration date: Code on back:

If different than above:

Name on Card:

Address of Card:

City/State/Zip:

Class may fill so pre-seminar registration encouraged. **Registration must include payment**. We offer a full refund if you cancel 24 hours prior to the seminar date. No Show – No Refund. Seminar reserves the right to adjust dates, times, and locations.

***Seminar Information & Online Registration Available at:***

**https://www.enrole.com/nwhealth/jsp/**