

FROM HEAD TO FINGERTIPS: CAUSES OF ARM SYMPTOMS

DANIEL DOCK, DC, DIANM

Diplomate International Academy of Neuromusculoskeletal Medicine, Board Certified Chiropractic Orthopedist

Seminar Hosted by Rayus Radiology

CE & Zoom Sponsor - Northwestern Health Sciences University

Date: March 9-10, 2024

Time: Saturday 8am – 6pm, Sunday 8am – 6pm Central Time

Location: Zoom Webinar; live and interactive

Tuition: \$69.00

CE Hours: 20 (includes 3 X-ray, 1 Professional Boundaries) Approved MN #84171

Partial credit for partial attendance. If you are late or do not attend for the full class time, you cannot receive full CE credit.

Optional Acupuncture Class

Date: March 9, 2024

Time: Saturday 6pm – 8pm

Location: Zoom webinar; live and interactive

Tuition: \$40.00 with paid weekend seminar

CE Hours: 2 MN

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.

Follow this link to register for March 9-10:

<https://www.enrole.com/nwhealth/jsp/session.jsp?sessionId=L2403.DDFHT20.1&courseId=DDFHT20&categoryId=49924E10>

REGISTRATION FORM

FROM HEAD TO FINGERTIPS: CAUSES OF ARM SYMPTOMS

Pre-Registration Required to receive ZOOM Log In information & Handouts

Full Weekend Seminar [] \$ 69.00

Acupuncture Class [] \$40.00 (with paid seminar registration)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Date of Birth (mm/dd/yyyy): _____

Chiropractic License # _____ State(s) of License: _____

Email Address (required): _____

To Register:

Seminar Information & Online Registration at: <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)

Card Number: _____ Expiration date: _____

If different than above:

Name on Card: _____

Address of Card: _____

City/State/Zip: _____

By Check:

Mail registration form & check made payable to NWHSU.

Northwestern Health Sciences University, CE Department, 2501 W 84th St, Bloomington, MN 55431

Class may fill so pre-seminar registration encouraged. **Registration must include payment.** We offer a full refund if you cancel at least 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/>



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