***Chiropractic Continuing Education Seminar-Missouri***

**DANIEL DOCK, DC, DIANM**

Diplomate International Academy of Neuromusculoskeletal Medicine, Board Certified Chiropractic Orthopedist

**April 7, 2022 “Sciatica” and Differential Assessment, Part A Thursday 6 Hours CE Approved**

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**Continuing Education: Missouri - 6 Hours CE Approved**

**CE Sponsor: Northwestern Health Sciences University**

**Speakers: DANIEL DOCK, DC, DIANM**

**Diplomate International Academy Neuromusculoskeletal Medicine Board Certified Chiropractic Orthopedist**

 **STEPHEN FRIDINGER, DC, DACBR**

**Board Certified Chiropractic Radiologist**

**Location: St. Luke’s Institute– Lower Level Atrium, Emerson Auditorium**

**224 S Woodsmill Rd, Chesterfield, MO 63017**

 Enter at either the North or South building.

 Go to the atrium and downstairs to the Institute.

**Time for Seminar: Registration:  7:00 am Seminar:  7:30 am – 1:30 pm**

***If you arrive late after 7:30 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 with payment and an email address required to receive registration information.*

**Cost: $39.00 Single Seminar**

***Please indicate date you will be attending seminar:* St Louis MO [ ] April 7**

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.

