

# Back To Chiropractic CE Seminars

Please select what fits your needs:

**Date Attending:** \_\_\_\_\_

**City:** Berkeley San Rafael Santa Clara Sacramento

**City:** Burbank San Diego Santa Ana Santa Barbara Torrance

**Total Hours Needed:** 1 2 3 4 5 6 7 8 9 10 11 12

**If attending half day choose one:** Morning Afternoon

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

CA License # \_\_\_\_\_

E-mail \_\_\_\_\_

Note if necessary: \_\_\_\_\_  
\_\_\_\_\_

## **PAYMENT OPTIONS: Check or Credit Card**

**Check Payable to: Marcus Strutz DC**

Credit Card # (VISA/Mastercard/Discover only) \_\_\_\_\_

Expiration Date \_\_\_\_\_

Card Verification # (3 digits on back) \_\_\_\_\_

**We gladly reschedule if life gets in the way**

**Please Mail To:**

**Marcus Strutz DC ~ 33000 North Highway 1 ~ Ft Bragg CA 95437**