

REGISTRATION FORM for PRACTICE TEAMS (DCs & CAs)

PARKER SEMINARS ITALY 2010

JUNE 24-26 ROME, ITALY

Melia' Roma Aurelia Antica Hotel and Convention Center

Via degli Aldobrandeschi, 223 00163 ROMA

Tel: +39 06 66544 Fax: +39 06 66544476

Organization/Practice Team: _____
 Street: _____ P.O. Box: _____
 City: _____ Postal Code _____ Country: _____
 Telephone (international): _____ Fax: _____
 E-mail: _____

List team members attending Parker Seminar Rome 2010 (please use separate sheet if necessary):

* D.C. applicants for the Seminar must be graduates from CCE, ECCE or CCEI accredited Colleges. Non qualified applicants will be charged a 15% administrative fee from eventual refunds.

Last name	First name	Title (DC, CA)	Chiro. College*	Year of graduation	Tick if you request licence renewal

Group Discounts same Practice Teams (DCs and CAs) 4-7 delegates 5%; 8+ delegates 10%

Within a 4 to 7 team practice registration there must be at least two DCs and for 8 or more there must be a minimum of three DCs in order to qualify for the respective discounts.

PSI coupons are not applicable in Team registrations.

Registration fee includes Coffee Breaks, Friday and Saturday lunches for all delegates

LOGISTICS – The SEMINAR OPENING SESSION finishes at 8:00 PM on Thursday. The Tapas Dinner is a natural follow-up! Instead, Friday's lectures finish at 5:30 PM which provides time for an evening in Rome.

Seminar fees:	Paid by APRIL 24 th 2010	Paid after APRIL 24 th 2010	amount due	Total Euro deducted 5% or 10%
n. _____ Doctors of Chiropractic	Euro 460,00 each	Euro 550,00 each		
n. _____ Chiropractic Assistants	Euro 249,00 each	Euro 289,00 each		
n. _____ D.C. licence renewal	Euro 80,00 each	Euro 80,00 each	Team deductions not applicable. Enter the amount due into the box to the right	
n. _____ Tapas Pool Party Dinner	Euro 89,00 each	Euro 89,00 each	Team deductions not applicable. Enter the amount due into the box to the right	
n. _____ Tapas child 12 & under	Euro 40,00 each	Euro 40,00 each	Team deductions not applicable. Enter the amount due into the box to the right	

TOTAL TO BE CHARGED Euro _____

Special Diet Requirements within your Team:

HOW TO REGISTER - For information please feel free to contact A.I.C. at 0039 010 - 5533036 (from 09.00 am to 01.00 pm and from to 02.00 pm to 06.00 pm):

By Fax: Fax this form to 0039 010 5848607. Include credit card number and expiration date, along with signature for processing.

On-line: www.psi2010.com or www.chiropratica.it

By E-mail: Send this form to: aic@chiropratica.it

By-Mail: Mail this form to:
ASSOCIAZIONE ITALIANA CHIROPRACTICI
Via Brigata Liguria, 1/20
16121 – GENOVA (ITALY)

PAYMENT DETAILS:

Credit card for the **total due** (in EURO): _____ VISA Master Card

Cardholder's **name:** _____

Credit **card number:** _____

Last digits on the signature panel of the credit card: _____

Expiry date (MM/YY): _____ Cardholder **Signature:** _____

Bank transfer payment:

Banca Popolare di Novara Ag.5
IBAN: IT20 M 05608 01405 000000020314
SWIFT: NVRBIT21035

Cancellation Policy: refunds and/or transfers less a 25 percent administrative charge will be issued upon request if received before **May 20, 2010**

There will be no refunds or transfers permitted after that time;

- Parker Seminars reserves the right to adjust program dates, times, speakers and/or locations:
- The total liability of Parker Seminars arising from or related to these courses is limited to a refund of the registration fee only:
- Parker College of Chiropractic will not complete vouchers for continuing education credit until seminar tuition is paid in full:
- The opinions and statements made by the speakers do not necessarily reflect the opinions of the Parker Seminars.

Privacy:

The personal data sent by the participants directly or indirectly to Associazione Italiana Chiropratici is protected by the Italian Legislative Decree no.196 of 30 June 2003, "Personal Data Protection Code" which protects persons and other subjects with regard to the handling and processing of personal data and, therefore, will be used for administrative, accounting, commercial and promotional purposes. The holder and handler of personal data processing are:

- **Associazione Italiana Chiropratici** with head office in Via Brigata Liguria, 1/20 Genova;
- Parker Seminars with head office at **Parker College of Chiropractic** 2500 Walnut Hill Lane, Ste. S-209 Dallas, TX 75229

Signature _____

**HOTEL ACCOMMODATIONS:
REMEMBER TO BOOK YOUR HOTEL !**

In order to make your *Parker Seminars Italy* a hassle-free full emersion experience, we highly recommend that you book your room within the Convention Site at one of the two hotels that we have secured.

Please complete separate "HOTEL BOOKING FORM"
And fax or email the document directly to the hotel