



AOTP SEMINAR REGISTRATION FORM

Seminar Date _____
Name _____
Address _____ City _____
State _____ Zip _____
Phone () _____ - _____ Fax () _____ - _____
E-mail _____

Registration: Practicing D.C. \$495 1st year D.C. \$350 Student/Faculty \$225
(circle one) X-ray Tech \$350 X-ray Tech w/DC \$250

Method of Payment: (circle one) 1) Check (enclosed) 2) VISA 3)MC

Card # _____ - _____ - _____ - _____ Exp Date _____

Fax Registration To: (727) 528-8585 Or Call To Register: (727) 528-8700
Or Mail Registration To: AOTP 2201 62nd Avenue N. St. Petersburg FL 33702

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