

Registration Form

Name _____

MD DO DC NP PA RN PT Other: (Please specify) _____

Practice Name _____

Mailing Address _____ Suite _____

City _____ State _____ Zip Code _____

Daytime Phone () _____ E-mail _____

EDUCATIONAL TRACK SELECTION (Please select one)

TRACK ONE

Spinal Care Boot Camp | Diagnostics and Treatment

TRACK TWO

More Specifics | Spinal Diagnostics and Treatment

SPECIAL INTEREST SYMPOSIUMS

(Please select one topic for each concurrent session)

FRIDAY CONCURRENT SESSIONS

Concurrent Sessions One

- 1. Myths and Realities | Treatment of VCFs
- 2. The Wellness Paradigm

Concurrent Sessions Two

- 3. The Nutritionally Healthy Spine
- 4. Back Pain | Chronic and Failed

SATURDAY CONCURRENT SESSIONS

Concurrent Sessions Three

- 5. The Anatomy of the Exam
- 6. Active and Injured | A Look at Sports Injuries
- 7. The Work Place | Back Pain and Injuries

Concurrent Sessions Four

- 8. The Adolescent Spine
- 9. The Surgery Patient | Pre- and Post-op Care
- 10. A Look at Minimally Invasive Treatments | Case Reviews

Concurrent Sessions Five

- 11. Making the Case | Spinal Imaging and Pathology
- 12. An Update | Spinal Arthritis
- 13. Perspectives | Nerve Entrapment and Radiculopathy

Registration - Please select appropriate option(s)

- Early Bird Registration \$ 115 (if returned by July 30)
- Registration \$ 135
- Friday Only \$ 85
- Saturday Only \$ 50
- Chiropractic Physicians Only \$ 35 Additional cost for administrative/processing fee for CEs. If no CEs desired, fee is waived.

TOTAL \$ _____

Do you plan on attending the Friday evening reception? Yes No

**Early registration is encouraged,
space is limited.**

Please make check payable to:
Indiana Spine Group
Return registration form by September 6, 2010.

Please return your registration form with payment to:

Indiana Spine Group | Attn: Back Talk | 8402 Harcourt Rd., Suite 400 | Indianapolis, IN 46260

FOR OFFICE USE

REC _____

CHK # _____

REG # _____

REG _____