

Texas Chiropractic College

5912 Spencer Highway
Pasadena, Texas 77505
(281) 487-5656 or 800-533-9822
Fax: (281)-487-2009

CONTINUING EDUCATIONAL REGISTRATION ONLY

Seminar Title: _____

Seminar Date(s) _____

PLEASE PRINT

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: Office: _____ Fax: _____

Email Address: _____

License Number: _____ SS#: _____

Please return this completed form to the seminar instructor. Attendees are REQUIRED to fill out this form. Failure to do so will result in loss of continuing education hours for the class.