



Montana Chiropractic Association
2019 Annual Conference
Friday & Saturday March 22nd & 23rd 2019
Best Western Helena Great Northern Hotel in Helena, MT

Registration Form

Company Name _____
Please write the company name as it should appear in printed & web materials.

Contact Name _____

Mailing Address _____

City, State, Zip _____

Email Address _____

Phone _____ Fax _____

Registration Fee Includes: Member Directory, 2 days attendance, conference handouts, Friday Reception, Saturday lunch banquet and continuing education credits.
No refunds after March 11th.

Registration Fees		On or Before	After
		Feb 15th	Feb 15th
Member Doctor	Name: _____	\$300	\$350
Member Assistant	Name: _____	\$100	\$150
Non-member Doctor	Name: _____	\$500	\$575
Non-member Assistant	Name: _____	\$200	\$250

Please indicate if you need additional tickets:
____ @ \$50 each: Friday Evening Reception at The Montana Club
Heavy Hors d'oeuvres & Open Bar from 6PM to 8PM \$ _____

HOTEL INFORMATION: Premier Best Western Great Northern, Helena, MT
Call 1-406-457-5500 or 1-800-829-4047 Or register [online here](#).

Payment Method	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card	Total Amount	\$ _____
Card #	_____	Expiration	____ / ____
Signature	_____	Security #	_____
Printed Name	_____	Zip Code	_____
Address on your statement: _____			
<i>(all credit card information is destroyed after processing)</i>			

Retain a copy of this form for your records and return this original with your payment to:

MT Chiropractic Association 406-256-1005
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Billings MT 59102 Fax: 406-256-0785
Email: valerie.mcclintock@mtretail.com