

# Lakeside Chiropractic

*Seminars, Inc.*

— Mail-In Form —

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Renewal State \_\_\_\_\_ License Number \_\_\_\_\_

Alma Mater \_\_\_\_\_ Month/Year Graduated \_\_\_\_ / \_\_\_\_

Seminar Topic: \_\_\_\_\_

Seminar Date: \_\_\_\_\_

- | UpGraded Seating   | Price   |
|--|---------|
| <input type="checkbox"/> Basic Reserved _____  | \$10.00 |
| <input type="checkbox"/> Deluxe Seating _____  | \$20.00 |
| <input type="checkbox"/> Executive Seating _____   | \$30.00 |
| <input type="checkbox"/> Premium Attendance Package _____<br>~Shirt Size S M L XL (circle one)                                       | \$75.00 |
| <input type="checkbox"/> Saturday Meal _____<br>Smoked Turkey Sandwich (circle one)<br>Chicken Salad Sandwich<br>Spanich Veggie Wrap | \$15.00 |

Upgraded Seating? Where would you like to sit?  
(circle one)

Front of Room    Middle of Room    Back of Room

Total Cost \_\_\_\_\_ \$