



Registration Form

Lunch*, Clinical Hours and Clinical Support Included in the Program

Name: _____

Address: _____ City/State: _____

Zip Code: _____ DC License #/State Issued: _____

Phone #: _____ E-Mail: _____

Lodging options available- Local Airbnb as well as hotels within close distance to the seminar. Please contact our office for options (Ask for Dr. Kleber)- 970-532-2755

Doctor Early Registration

\$350 per 12hr of class time 10 days prior

\$695 per 24hr of class time 10 days prior

Additional fees apply late registration

Chiropractic Student, Staff or Audit Registration

\$200 per 12hr session

\$400 per 24hr session

Credit Card #: _____

Exp: _____ Type of Card: _____

Sec. Code: _____ Billing Address #: _____

Billing Zip: _____ Please circle- DC, Student, Other

Signature: _____

Checks can be made out to:

Gateway Natural Medicine

1211 Lake Ave.

Berthoud, CO 80513

*Catered lunch on Friday and Saturday

For more information contact our office: 970-532-2755 or Fax registration: 970-532-9838

Email: info.dabci@gmail.com