

# SOTO-USA SEMINAR REGISTRATION FORM

**Fill this form out on your computer, print it, then fax it to 310-478-1918 or mail it to:  
Dr. Charles Blum, 1752 Ocean Park Boulevard, Santa Monica, CA 90405**

Today's Date
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First Name	M.I.	Last Name
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Chiropractic Student   
  1<sup>st</sup>/2<sup>nd</sup> Year Graduate   
  DC   
  SOTO-USA Member

Street Address		Suite or Apartment No.
City	State/Province	Postal/Zip Code

The above is my:   
 Office address   
 Home address   
 School address

Office Phone	Fax Number	
Cell Phone	Home Phone	
Email Address		
Chiropractic License Number	State	National Provider Number (NPI)

Seminar	Dates	Location	Fee
Seminar	Dates	Location	Fee

METHOD OF PAYMENT:   
 MasterCard   
 Visa   
 Check   
 Money Order

Credit Card Number	Expiration Date
Name on the Card	3-Digit Security Code on Back

**Billing Address for Credit Card:**

Street Address		Suite or Apartment No.
City	State/Province	Postal/Zip Code

Notes/Comments
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