



# CCEUNITS REGISTRATION FORM

PLEASE PRINT CLEAR

SEMINAR DATE: \_\_\_\_\_ SEMINAR LOCATION: \_\_\_\_\_

### PERSONAL INFORMATION

FIRST AND LAST NAME

BIRTH MONTH

DC LICENSE #

CELL PHONE #

OFFICE #

FAX #

Email

USPS - Address

### COURSES AND FEES

### PRICE/FEE

- |                       |   |               |
|-----------------------|---|---------------|
| <input type="radio"/> | <b><u>COMPLETE 24 HRS CEU PACK</u></b>  | <u>240.00</u> |
| <input type="radio"/> | <b><u>12 HRS - HALF DAY SEMINARS (6 LIVE + 6 DISTANCE</u></b>                 | <u>160.00</u> |
| <input type="radio"/> | <b><u>12 HRS CEU LIVE SEMINAR OR 12 HRS DISTANCE LEARNING</u></b>             | <u>160.00</u> |
| <input type="radio"/> | <b><u>5-11 HOURS CEU LIVE SEMINAR OR DISTANCE LEARNING</u></b>                | <u>130.00</u> |
| <input type="radio"/> | <b><u>1-4 HOURS CEU LIVE SEMINAR OR DISTANCE LEARNING</u></b>                 | <u>80.00</u>  |
| <input type="radio"/> | <b><u>DOT MEDICAL EXAMINERS TRAINING</u></b> 12 Hrs CEU (Live Only)           | <u>250.00</u> |
| <input type="radio"/> | <b><u>FIRST AID/CPR/AED or BLS RE-CERTIFICATION</u></b> 2 Hrs CEU (Live Only) | <u>130.00</u> |
| <input type="radio"/> | <b><u>50% DISC. RETIRED OR 2-3 YEARS DC IN PRACTICE</u></b>                   | _____         |
| <input type="radio"/> | <b><u>FREE 1<sup>ST</sup> YEAR DC REQUIRED CEU BY STATE BOARD</u></b>         | _____         |

### PAYMENT INFORMATION

NAME ON THE CARD: \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

EXP. DATE: \_\_\_\_/\_\_\_\_ CVV CODE# \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**CALL OFFICE: 714-726-9630** MON-FRI 9AM to 5PM

EMAIL Registration: [cceunits@gmail.com](mailto:cceunits@gmail.com)

FAX Registration: 714-941-9177

MAIL Registration USPS: PO BOX, 2201 N GRAND AVE. #11481, SANTA ANA CA 92711

IF YOU LIKE TO BE REMOVED FROM FAX LIST PLEASE EMAIL: [cceunits@gmail.com](mailto:cceunits@gmail.com)