



NEW YORK STATE CHIROPRACTIC ASSOCIATION

WWW.NYSCA.COM



12 Continuing Education Credits available. 4 Credits in Ethics!

October 2nd – 4th 2009



89 Six Flags Dr., Queensbury, NY 12804
www.sixflagsgreatescapelodge.com

Rate Information

	Category	Early	Standard	At the door
<input type="checkbox"/>	NYSCA Member	\$199	\$249	\$289
<input type="checkbox"/>	1 st Year Licentiate NYSCA Member	\$99	\$139	\$179
<input type="checkbox"/>	Student	\$40	\$40	\$40
<input type="checkbox"/>	Non-Member	N/A	\$389	\$429

Friday, October 2nd, 2009

2-3pm *Workers' Compensation* – (1CE)
Malcolm Levitin, DC, FACC
Lloyd Angel, DC

3-4pm *Medicare* (1CE) – Louis Lupinacci, DC
Linda Teti, CPC
Medicare Provider Outreach & Education Consultant

4-6pm *No-Fault/Mock Arbitration* – (2CE)
Jeanne M. Vinal, Esq., Jack S. Beige, DC, Esq.

Saturday, October 3rd, 2009

8-12noon **Physical Diagnosis & Low Tech Rehab* (4CE)
Mario P. Fucinari, DC, CCSP – NCMIC

Sunday, October 4th, 2009

8-12noon **Documentation & Risk Management*
Mario P. Fucinari, DC, CCSP (4CE) (4 Ethics)

*Early received by September 1st 2009

*Standard received by September 14th 2009

*At-the-Door received after September 14th 2009

No refunds for cancellations received after September 25st 2009

**Room reservations cut off date extended to
September 21, 2009 1-518-824-6060 or**

www.sixflagsgreatescapelodge.com

Suite Room rate \$169 plus tax. Group code NYSCA.

Includes up to 4 passes to the indoor water park. Group will also receive a discounted adult admission ticket price of \$16 to the Six Flags amusement park. (purchase at hotel front desk)

Continuing Education Credits Sponsored by
New York Chiropractic College

CE Notice: Appropriate applications relating to credit hours for license renewal in selected states have been executed for this program. Pending approval, these courses may qualify for 12 hours total of New York mandatory Chiropractic Continuing Education Credits. For information regarding these applications please contact the: **NYCC Postgraduate Department at 800-434-3955**

**Receive a 5% discount for 3 years on the renewal of your
NCMIC malpractice insurance premium.*

**No registrations will be accepted via fax/phone after September 21st, 2009.
Please register at the door.**

Name: _____
Address: _____
City: _____ State: _____ Zipcode: _____
Office Phone:() _____ Office Fax:() _____
Email: _____ NYSCA Member: Yes No
NY License #: _____ Alt. State: _____ #: _____ FL#: _____

Check Enclosed – Mail check payable to 'NYSCA'
Credit Card - Master Card Visa American Express

Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

Detailed Rate Information
listed above.

Amount Due: \$ _____

NYSCA PO Box 40 Kattskill Bay, NY 12844 (518) 785-6346 Fax completed form to (518) 656-3032