

# American Spinal Decompression Society

## Annual Symposium



March 13th & 14th, 2026



USF HEALTH CAMLS - 124 S Franklin St, Tampa, FL 33602

### Attendee Information

Provider Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Chiropractic License #: \_\_\_\_\_

### Order Information

#### Order Information and Registration Options (Please check all that apply)

- I am an ASDS member: Event price **\$195**
- I want to become a member (\$395 annual membership fee) & attend the event: **\$195 = \$590 Total**
- ASDS membership fee for university students, university faculty, & clinical staff members: **\$100**
- I am **NOT** interested in becoming a member but would like to attend the event:  
Non-ASDS member event fee **\$395**
- Clinic staff member & university student/faculty event fee: **\$295** Total # Attending: \_\_\_\_\_  
*Staff members only when registered with a doctor or clinic owner.*

Staff Member Names: \_\_\_\_\_

Order Subtotal: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_

Card Type: VISA  American Express  MasterCard

Authorized Amount: \$ \_\_\_\_\_ CVC Code: \_\_\_\_\_

I, \_\_\_\_\_ authorize the American Spinal Decompression Society, Inc. to charge the above credit card for this order. All sales are final, subject to ASDS cancellation terms.

Print Name \_\_\_\_\_

Card Holder Signature \_\_\_\_\_

Date \_\_\_\_\_

*\*American Spinal Decompression Society, Inc. memberships renew automatically each year at \$395. A written cancellation notice is required at least 30 days prior to the first renewal or any time thereafter.*

**Please fax or email your order to +1-888-408-0407 or Abby@excitemedical.com**