

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