AMERICAN SPINAL DECOMPRESSION SOCIETY ANNUAL SYMPOSIUM

April 9th-10th, 2027 | USF CAMLS - 124 S Franklin St. Tampa, FL 33602

1 ATTENDEE INFORMATION

Provider Name: _____

Practice Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Mobile Phone: _____

Chiropractic License #: _____ License Expiration: _____

2 REGISTRATION OPTIONS (Please check all that apply)

- ☐ ASDS Member Registration — **$195**
- ☐ Non-Member Registration - **$395**
- ☐ Join ASDS + Event Registration — **$590**
- ☐ Staff of an **ASDS Member** (Students, Faculty & Clinical Staff) — **$100**
- ☐ Staff of **Non-ASDS Member — $295** (Must register with a doctor or clinic owner.)

Total Attendees (Including Yourself): _____

Order Total: $ _____

Staff Names (First & Last): _____

_____

3 PAYMENT INFORMATION

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

Room block available: Hyatt PLace Tampa Downtown, April 8 - 10, 2027

Click here to visit room block: https://www.hyatt.com/events/en-US/group-booking/TPAZD/G-EXM8

You can also visit spinaldecompressionsociety.org to find the room block link

Please Submit Completed Forms via: Email: Abby@excitemedical.com | Fax: +1 (888) 408-0407

Membership terms: *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.