

CHIROPRACTIC SUCCESS SYSTEMS™
CODING & COLLECTIONS WEBINARS
Late Summer Early Fall 2010 Webinar Registration Form

Essential Coding for the Chiropractic Practice*

Thursday, August 19, 2010 continued on Thursday, September 2, 2010 **Deadline, August 12, 2010**

9:00 am -11:00 am PST **OR** 12:00 pm – 2:00 pm PST

Cost: \$157 for the first person **AND** \$97 each additional person

California Medicare Part B

Thursday, September 9, 2010 **Deadline, September 2, 2010**

-9:00 am -11:00 am PST **OR** 12:30 pm – 2:30 pm PST

Cost: \$107 for the first person **AND** \$57 each additional person

Systems for Improving Your Collections

Thursday, September 16, 2010 continued on Thursday, September 23, 2010 **Deadline, September 9, 2010**

9:00 am -11:00 am PST **OR** 12:00 pm – 2:00 pm PST

Cost: \$157 for the first person **AND** \$97 each additional person

California Personal Injury

Thursday, September 30, 2010 **Deadline, September 23, 2010**

-9:00 am -11:00 am PST **OR** 12:30 pm – 2:30 pm PST




Cost: \$97 for the first person **AND** \$57 each additional person

California Workers' Compensation*

Thursday, October 7, 2010 **Deadline, September 30, 2010**

-9:00 am -11:00 am PST **OR** 12:30 pm – 2:30 pm PST

Cost: \$107 for the first person **AND** \$57 each additional person

*** Prerequisite** may be waived for people who have taken the following seminars with Lisa Bilodeau in a hotel setting:  Codes, Fees, and EOBS,  Intensive Billing and Collections for 2008 or the  Chiropractic Insurance Basics. To verify your attendance we will need to have the name of the seminar and the exact date you attended. If requesting a waiver please complete

PLEASE COMPLETE ONE REGISTRATION FORM PER ATTENDEE!!!

Save 15% when you register for all five.

Pay \$540 for the first person & \$310 for each additional attendee!

Doctor's First Name _____ Doctor's Last Name _____

Email Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone Number (____) _____ Fax Number (____) _____

Participant's Name _____ Email: _____

Visa MasterCard CC Number _____ Expiration Date _____

Total \$ _____

Address where credit card statement is received _____ Zip _____

IMPORTANT: You will not be able to attend until your registration is processed and approved. After your registration is processed and approved you will receive your Webinar attendance and login information via email and handouts via USPS mail. Internet access is required to watch the Webinar and a telephone, VOip headset, or good computer speakers are required for the audio portion. You will receive email confirmation and reminders from go2webinar.com aka cintrex.com. Be sure to check your spam folder.

**3 WAYS TO REGISTER: (1st Year Chiropractors & Chiropractic Students discounts available.)
Fax: (831) 438-3161 Phone: (831) 438-0861 Mail: CSS, P.O. Box 67294, Scotts Valley, CA 95067-7294**