**LUMBAR SPINE SYNDROME**

**DANIEL DOCK, DC, DIANM**

Diplomate International Academy of Neuromusculoskeletal Medicine, Board Certified Chiropractic Orthopedist

**Seminar Hosted by Rayus Radiology**

**CE & Zoom Sponsor - Northwestern Health Sciences University**

**Date: March 8-9, 2025**

**Time: Saturday 8am – 6pm, Sunday 8am – 6pm Central Time**

**Location:Zoom Webinar; live and interactive**

**Tuition: $69.00**

**CE Hours: 20 (includes 3 X-ray, 1 Professional Boundaries) Approved MN # 87589**

Partial credit for partial attendance. If you are late or do not attend for the full class time, you cannot receive full CE credit.

**Optional Acupuncture Class**

**Date: March 8, 2025**

**Time: Saturday 6pm – 8pm**

**Location: Zoom webinar; live and interactive**

**Tuition: $40.00 with paid weekend seminar**

**CE Hours: 2 MN 87589**

CE and online requirements vary from state to state.  It is the Doctor's responsibility to know their individual state requirements, and any recent changes.  This is a Live Webinar presented interactively.

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**REGISTRATION FORM**

**FROM HEAD TO FINGERTIPS: CAUSES OF ARM SYMPTOMS**

***Pre-Registration Required to receive ZOOM Log In information & Handouts***

**Full Weekend Seminar [ ] $ 69.00**

**Acupuncture Class [ ] $40.00** (with paid seminar registration)

First Name: Last Name:

Address:

City: State: Zip Code:

Phone: Date of Birth (mm/dd/yyyy):

Chiropractic License # State(s) of License:

Email Address (required):

**To Register:**

**Seminar Information & Online Registration at:** [**https://www.enrole.com/nwhealth/jsp/**](https://www.enrole.com/nwhealth/jsp/)

**By Credit Card:**

Online: <https://www.enrole.com/nwhealth/jsp/>

Phone: 952-885-5446 (Mon-Fri, 8am-4:30pm)

Fax: 952-881-3028 (include CC information on this form)

Card Number: Expiration date:

If different than above:

Name on Card:

Address of Card:

City/State/Zip:

**By Check:**

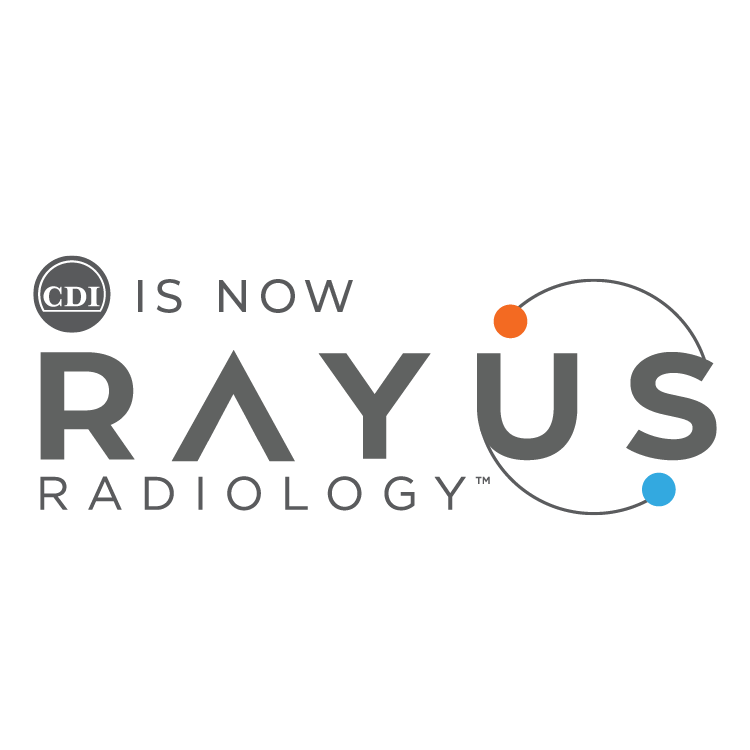
Mail registration form & check made payable to NWHSU.

Northwestern Health Sciences University, CE Department, 2501 W 84th St, Bloomington, MN 55431

Class may fill so pre-seminar registration encouraged. **Registration must include payment**. We offer a full refund if you cancel at least 24 hours prior to the seminar date. No Show – No Refund. Seminar reserves the right to adjust dates, times, and locations.

***Seminar Information & Online Registration Available at:***

**https://www.enrole.com/nwhealth/jsp/**



=