



# FOUNDATIONS IN NUTRITION AND WELLNESS FOR CTS

3 WAYS TO REGISTER: > ONLINE AT WWW.WICHIRO.ORG. > COMPLETE THIS FORM AND SUBMIT BY MAIL OR FAX. > CALL US AT 608-256-7023.  
FIND A COMPLETE LIST OF CLASSES, DESCRIPTIONS, DATES, LOCATIONS, CE INFORMATION AND LAST-MINUTE UPDATES AT WWW.WICHIRO.ORG.

### ABOUT THE CLASS

**Improve** your knowledge about Nutrition, Exercise and Wellness in this interactive class specifically designed for **Chiropractic Technicians(CTs)** in Wisconsin. Topics addressed include Nutrition, Exercise, Stress, Chronic disease, and the obesity epidemic. Participants will learn more about carbohydrates, fats, and proteins. The instructor will also go over different types of exercises that help to build a stronger body. If you have one, participants are asked to bring a stability ball and a band (or tubing).

### ABOUT THE INSTRUCTOR

**Dr. Tina McLeod, DC** is a graduate from Palmer College of Chiropractic. Before attending Chiropractic College, she earned a Bachelor's of Science in Education from UW-Whitewater. She recently earned a Master's of Science in Nutrition and Human Performance from Logan University. She has an extensive fitness background and previously worked as a personal trainer. Dr. McLeod has taught Nutrition as well as Anatomy and Physiology at numerous colleges and universities in Wisconsin. Her special interests include exercise physiology and disease prevention through healthy living

## THURSDAY JULY 27, 2017

8AM-2PM

**AURORA MEDICAL CENTER**

36500 AURORA DRIVE

SUMMIT, WI 53066

JUST OFF I-94, EXIT 282, NEAR OCONOMOWOC. USE THE HOSPITAL ENTRANCE.

REGISTRATION FEES	MEMBER / NON-MEM
SPECIAL EARLY RATE (UNTIL JUL 20)	\$105 / \$165
REGULAR RATE	\$125 / \$185

PROMOTIONAL CODE \_\_\_\_\_

*Presented in partnership with Aurora Health Care.*



**Aurora Health Care**

## ATTENDEE INFORMATION

First & Last Name \_\_\_\_\_ WCA Member? Y  N

Clinic/Company \_\_\_\_\_ DC Name (For Staff) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email (required for confirmation) \_\_\_\_\_ Phone w/area code \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## PAYMENT INFORMATION

**AMOUNT DUE \$**

**Payment Method:** Credit Card  Visa  Mastercard  Discover  Check *Payable to WCA*

Credit Card # \_\_\_\_\_ Expiration \_\_\_\_ / \_\_\_\_

Name on Card \_\_\_\_\_ CVV Code \_\_\_\_\_

Billing Address on Card \_\_\_\_\_

### REGISTRATION GUIDELINES

Contact us at 608-256-7023 or awmurray@wichiro.org with questions.

**PRE-PREGISTRATION** is highly recommend; you may register on-site only if space is available.  
**REFUNDS**, less \$15 administrative fee, until 7 days before event. 50% refund 2-6 days before event. No refund day before or day of event.  
**FOR THOSE RECEIVING FREE CE, OR USING CE CREDITS** No fee to cancel 7 or more days before event. \$25 fee to cancel 2-6 days before event. \$50 fee to cancel day before, day of event, and for no-shows.



### Return To

Wisconsin Chiropractic Association

521 East Washington Avenue

Madison, WI 53703

awmurray@wichiro.org • phone 608.256.7023 • fax 608.256.7123

### OFFICE USE ONLY

Date Received \_\_\_\_\_ Total Paid \_\_\_\_\_ CC Auth \_\_\_\_\_

Associate Member YES NO Credit Match CE \_\_\_\_\_ Check # \_\_\_\_\_