

Dry Needling Certification 2025

LAST NAME: _____

FIRST NAME: _____

SUFFIX (DC, MD, PT, STUDENT DC) _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

CHIROPRACTIC COLLEGE AND GRADUATION YEAR _____

STATE LINCENSE AND NUMBER _____

ARE YOU REQUESTING STATE CE HOURS _____

PREREGISTRATION FOR THE FOLLOWING WEEKENDS:

_____ Module#1 -Jan. 4/5, 2025

_____ Module #2 – Jan. 25/26, 2025

_____ Module #3 – Feb. 1/2, 2025

Payment Options:

_____ Pay at the door (full price) Module#1-\$1000, Module #2 or #3 \$750 each

_____ Pre Pay Option (paid by 12/31/2024)

 Sessions 1,2, and 3 - \$1995

 Sessions 2 & 3 - \$995

Credit Card Number: _____ Exp Date: _____ CV _____

Pay by Check

Mail to John D. Lockenour DC 2634 Spruce Creek Blvd Port Orange, FL 32128