

OCCA

2019
Healthcare
Updates
for the Chiropractic Office

SPECIAL

EVENING

PRESENTED BY: **DR. MARIO FUCINARI**

SPONSORED BY: **NCMIC**

Saturday, June 8, 2019

8 AM - 5 PM



Mario Fucinari, DC, CCSP, APMP, CPCO

Dr. Mario Fucinari is a full-time practitioner at Decatur Back & Neck Center in Decatur, Illinois, and has helped train doctors and staff since 1990. Dr. Fucinari holds a Bachelor's Degree from Wayne State University and earned his Doctor of Chiropractic Degree from Palmer College of Chiropractic in 1986. He is also certified as a Chiropractic Sports Physician and a Certified Insurance Consultant. Dr. Fucinari is a Diplomate of the American Academy of Pain Practitioners and is the current ICS Medicare Chairman. He was awarded the Chiropractor of the Year award by the Illinois Chiropractic Society in 2012. Dr. Fucinari is in the NCMIC Speaker Bureau and is a highly regarded national speaker.

This seminar will not be videotaped!



OREGON
CHIROPRACTIC
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**REGISTRATION
ON REVERSE**



2019 HEALTHCARE UPDATES FOR THE CHIROPRACTIC OFFICE

OREGON
CHIROPRACTIC
ASSOCIATION

Portland

Saturday, June 8, 2019

Red Lion on the River
909 North Hayden Island Drive, Portland, OR 97217

Directions:

Please fill out the form below, either electronically or by hand. When finished, please attach the completed file to an email, or print it out and return it by mail.

PRESENTATIONS:	CE HOURS	FEE
<input type="checkbox"/> DC Diamond Members	(8)	No Charge
<input type="checkbox"/> DC & CAs All Other Members & Staff	(8)	\$119.00
<input type="checkbox"/> DC & CAs (Non-Members)	(8)	\$169.00

No at-the-door registration. Space is limited! No refunds will be given after May 31, 2019.
NCMIC insured DCs will receive 5% off their malpractice insurance premium.

Information

DC NAME _____ MEMBER: YES NO

STAFF NAME _____ SECOND STAFF NAME _____

ADDRESS (STREET, CITY, STATE, ZIP) _____

PHONE _____ FAX _____

E-MAIL _____

Payment Method

Please select your preferred method of payment

CHECK (ENCLOSED) VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CARD NUMBER _____ EXP. DATE _____ CVV NUMBER _____

BILLING ADDRESS (IF DIFFERENT) _____

I authorize the Oregon Chiropractic Association (OCA) to charge my credit card for the amounts indicated above. I understand that fees are non-refundable.

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