

# chirodantics :: the logic of health

WWW.CHIRODANTICS.NET

## ONLINE MEMBERSHIP REGISTRATION FORM



### Chirodantic Cases

Allows members to view a list of cases uploaded for diagnosis by Dr. Walker including case data & images. Members can post cases of their own for diagnosis comment by Dr. Walker. Progress phases of a case can also be uploaded for diagnosis comment. (See fee structure for posting cases and progress phases.)

### Ask Bob?

This section allows for questions directed to Dr. Bob that require an image or two of the patient. View a list of questions submitted by members and increase your knowledge, or upload a question of your own complete with information and photo for an online consult by Dr. Walker. (See fee structure for posting questions.)

### Discussion Forum

This enhanced discussion forum has categories to organize information and questions relating to Chirodantics in general. Collaborate with your fellow members, provide information and value to your online community or ask questions and have discussions about topics of interest to the Chirodantics team.

### Links, Articles & Research Documentation

Information collected relating to Chirodantics is linked from one central area. Members can submit links to information of value to promote education in the area of Chirodantics.

### Referrals

Membership includes a listing in the public online referral directory where the public can obtain practitioner information by area.

### Discounts

Discounts on selected courses, selected Video tapes and selected products

### Access

Access to a list of Chirodantics course attendees including the equipment that they use.

### Video Clips - (coming soon)

View video segments created by Dr. Walker demonstrating Chirodantics techniques and concepts.

Thank you for your registration

Please fax the completed form to Dr. Bob Walker at 440-756-3152

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## ONLINE MEMBERSHIP REGISTRATION FORM

Are you an existing member renewing your membership? YES (please circle)

Please Print Clearly

<b>Title</b>	Dr. Mr. Mrs. Miss. Ms. (please circle)		
<b>First Name</b>		<b>Last Name</b>	
<b>Profession</b> (please circle)	Dentist, Chiropractor, Other	<b>Credentials</b> (please circle)	DC DDS DMD MD DDS/MD Other:
<b>Practice Address</b>			
<b>City</b>		<b>Province/State</b>	
<b>Postal/Zip Code</b>		<b>Country</b>	
<b>Office Phone</b>		<b>Office Fax</b>	
<b>Email</b>			
<b>Website</b>			
<b>Chirodontology Experience</b>	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced

<b>Method of Payment</b>	<b>1 Year Membership - \$250 USD</b>	
<b>Card Type</b>	Visa -- MasterCard -- American Express (please circle)	
<b>Card Number</b>		<b>Expiry Date</b>
<b>Cardholder Name</b>		
<b>For your security, we ask for a Card Identification Number:</b> <small>(the last three digits on the reverse side of your credit card)</small>		
<b>Billing Address</b>	(if different from above)	

Signature:

<b>Chirodontology Courses Attended</b> Please indicate <i>all</i> Chirodontology courses you have attended:			
<input type="checkbox"/> Chirodontology One	<input type="checkbox"/> Chirodontology Examination and Treatment Strategies	<input type="checkbox"/> Exceptional Dental Course Series	
<input type="checkbox"/> Chirodontology Dental Techniques	<input type="checkbox"/> Chirodontology Visceral Techniques	<input type="checkbox"/> Chirodontology 1 / 2 Tapes/DVDs	
<input type="checkbox"/> Chirodontology Structural Techniques (Body Mechanics)	<input type="checkbox"/> Chirodontology Flow Charting	<input type="checkbox"/> Nutritional Tapes/DVDs (Chirodontology III)	
<input type="checkbox"/> Chirodontology Cranial Techniques	<input type="checkbox"/> Chirodontology Advanced Case Planning	<input type="checkbox"/> Chirodontology Intro Tapes	
<input type="checkbox"/> Chirodontology Nutritional Techniques (Chirodontology III)	<input type="checkbox"/> Chirodontology Essentials	<input type="checkbox"/> Chirodontology Cranial DVDs	
<b>Systems / Equipment Used:</b>			
<input type="checkbox"/> Acculiner	<input type="checkbox"/> Bio Research	<input type="checkbox"/> T-Scan	<input type="checkbox"/> MyoTronics

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