CA Credits
Chiropractic Assistant
Online Class Registration

Important: If you register by fax, we will enter your information and email a password to you within 48 hours.
It is better for you to go back and register online so that you may begin taking the courses right away.

Name: _____ , _____
(last) (first)
Address_____

City_____ State_____ Zip_____

Phone ( )_____ Fax (
)_____

E-mail_____

Currently employed in a clinic? ___No ___ Yes
(If yes doctor's name: _____)

METHOD OF PAYMENT:
____ Check (Payable to LOCC)
____ American Express
____ Visa
____ Mastercard

Card Number_____
Expiration Date_____
Zip code of credit card billing (where your bills are sent)
_____

Name on Card_____

Signature_____

(Your card will be charged $75.00 one time and <u>we will not</u> keep your credit card number on file.)

XXXXXXXXXXXXXXXXXXXX

___ check here for classes on CD, an additional $20 will be charged; A CD will be mailed to you via U.S. Postal Service.

Fax <u>credit card registrations only</u> to our secure fax # 888-388-8825
(a password will be emailed to you)

For mail registration only:
(a password will be emailed to you)
Send registration, with check to:
"CA Credits.org"
315 Second Street
Lake Oswego, OR 97034

If you have any questions, please call (503)-780-5595 or e-mail: info@cacredits.org