



Diagnosis and Treatment of ADHD, Autism, Learning Disabilities and Other Neurobehavioral Disorders of Childhood

UNIVERSITY OF BRIDGEPORT
COLLEGE OF CHIROPRACTIC

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

VISA MC AMEX

Other _____

Card # _____

Exp Date _____

Mail Payments To: University of Bridgeport College of Chiropractic
Postgraduate and Continuing Education
126 Park Avenue
Bridgeport, CT 06604

Make Checks Payable to UBCC Postgrad

Check Box

Program Registration: **\$850.00**
(\$900 if paid after October 1, 2005)

Hotel Reservation:

3 nights **Oct 20, 21 and 22** **\$369.51***

3 nights **Dec 1, 2 and 3** **\$369.51***

Total Submitted \$ _____

Part 1: October 21—23, 2005
Part 2: December 2—4, 2005

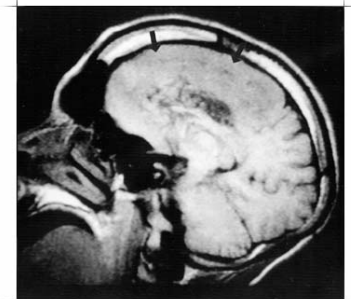
Chicago, IL

Crowne Plaza Chicago O'Hare
Rosemont, IL

UNIVERSITY OF
BRIDGEPORT
COLLEGE OF
CHIROPRACTIC

126 Park Avenue
Bridgeport, CT 06604

Phone: 203 576-4880
Fax: 203 576-4537
E-mail: rsaporit@bridgeport.edu



Registration limited. A small number of discounted guest rooms have been reserved

CEU credits applied for