

Chiropractic Rocks Speaker Application

Speaker's Name: _____

Address: _____

Office Phone: _____ Cell: _____

Email: _____

Website: _____

Chiropractic College: _____

Year Graduated: _____

States Licensed + Lic. #: _____

Company You Represent: _____

Speaking Experience: _____

Proposed Speaking Topic/Title: _____

Description: _____

What makes your presentation unique and how do you think it would contribute to our program? _____

Does Your Presentation Qualify for CE Credits? _____

If Yes, What Category: _____

If Yes, What States: _____

If Yes, Who is the Accreditation Agency? _____

Would you be interested in having a Vendor Booth? _____

Would you be interested in a Breakout Room? _____

Would you be interested in being a Sponsor? _____

Would you be willing to promote C.R. on your Social Media? ____

Are you now or have you ever had your license revoked for disciplinary action? If yes, please describe: _____

Please List Three (3) References + Contact info: _____

By the signature below, I attest that all the information on this application is true and understand that there is no guarantee that my application will be accepted or approved by the board of Chiropractic Rocks.

Signature: _____ Date: _____

Please sign and return copy to:

Chiropractic Rocks, LLC
Attn: Dr. Adam Del Torto
PO Box 7308 Burbank, CA 91510

Email: dr.adam@ChiropracticRocks.us
Website: www.ChriopracticRocks.us

Phone: (818) 427-1312
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