Kentucky Association of Chiropractors

ATTENDEE REGISTRATION FORM

CE APPROVALS: KY KBCE #2231 · FL #20-1364073 · PACE 90901

110TH ANNUAL CONVENTION

Doctor of Chiropractic

September 26–27, 2026 · Embassy Suites UK/Coldstream · 1801 Newtown Pike, Lexington, KY

12 CE HOURS AVAILABLE

1 SELECT YOUR REGISTRATION

REGISTRATION TYPE	Full Weekend 12 CEs	Sunday Only 6 CEs	Saturday Only 6 CEs
Nonmember	$399	$329	$329
KAC Member	$250	$159	$159
KAC Enhanced Member ** Apply your Member Hours	$250	$159	$159
KAC Ultimate Member	Included	Included	Included
KAC Student Member *	Included	Included	Included

* Student members must hold an active KAC student membership. ** Enhanced members: log in and apply your Member Hours to register (remember, 18 CEs are included per year — a balance may be owed).

2 ADD CE OPTIONS

- ☐ **PACE CE certificate** +$25 — only if your other state requires PACE (KY does not)
- ☐ **Florida CE certificate** +$50 (through Logan)
- ☐ **Another state, no charge:** ☐ MS ☐ WV

Attending the KAC Annual Business Meeting (Sat)? ☐ Yes ☐ No

- ☐ **Late registration** +$50 — for registrations after September 24, 2026

3 YOUR INFORMATION

DC NAME _____ EMAIL _____

OFFICE / CLINIC NAME _____ KY LICENSE # _____ OTHER STATE DC LICENSE # _____

OFFICE PHONE _____ OFFICE FAX _____ OFFICE ADDRESS (STREET, CITY, STATE, ZIP) _____

4 PAYMENT

☐ Billing address is the same as office address

NAME ON CARD _____ CREDIT CARD NUMBER _____

EXP. DATE _____ CVV _____ BILLING ADDRESS (STREET, CITY, STATE, ZIP) _____

CARDHOLDER SIGNATURE _____ DATE _____ TOTAL ENCLOSED $ _____

Three ways to register

Online: thekac.org/110 · **Fax:** 855-813-5300 · **Mail:** KAC, PO Box 8320, Lexington, KY 40533-8320

Questions? 859-554-4498 · kac@thekac.org

REGISTER ONLINE