

Is your practice giving you the END OF THE MONTH JITTERS?



**NO MORE END OF THE MONTH JITTERS FOR ME...
I HAVE A WAITING LIST PRACTICE!
NOW I'M AN SCRFF DOCTOR!**



STONER CHIROPRACTIC RESEARCH FOUNDATION, INC.

P.O. BOX 15308 • LAS VEGAS, NEVADA 89114 • TELEPHONE (702) 734-8826

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☐ SEPTEMBER 1978 • OCTOBER 1978 • NOVEMBER 1978 • DECEMBER 1978

- ☐ YES, I'M COMING! Enclosed is my check in the amount of \$500.
- ☐ YES, I'M COMING! Enclosed is my deposit slip for consecutive monthly post dated checks in the amount of \$50 each.
- ☐ YES, I'M COMING! Enclosed is my deposit slip for 12 consecutive monthly post dated checks in the amount of \$50 each.
- ☐ YES, I'm bringing my deposit slip or C.A. Enclosed please find my check in the amount of \$200.
- YES, I'm bringing my deposit slip or C.A. Enclosed please find my deposit of \$50 and authorize your monthly post dated checks in the amount of \$50 each.
- * Referral: D.C. fee \$75 * Referral: D.C. fee \$50 the week of the seminar
- ☐ Please refer your registrations to Chris Cross for details of _____ Enclosed is the deposit of \$25.00 per year for the first year including annual or longer membership.
- ☐ I have made accommodations elsewhere.

DOCTOR NAME _____

OFFICE ADDRESS & CITY _____

PHONE _____

TELEPHONE _____

YOUR PRACTICE _____

PREVIOUS SEMINARS ATTENDED _____