



# Lunch with Dr. Shawn

Registration Form

Please FAX completed form to: 715-623-4020 or call: 715-623-7141

## About You

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address, City, Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_

## Session Details

Day of the Week (check all that apply):  Monday  Tuesday  Wednesday  Thursday  
 Length of Session (please select one):  30 minutes  45 minutes  1 hour  
 Desired Start Time (between 11am - 2pm): \_\_\_\_\_ Number of Attendees: \_\_\_\_\_

Topic (please select one):

- What is Chiropractic?** – Learn about the history, science, and benefits of chiropractic care.
- Muscles 101** – Learn to strengthen your muscles to relieve low back and neck pain and prevent future injuries.
- We've Got Your Back**- Common causes of back injury, treatment options, and steps to take to prevent future injuries.
- Occupational Health** – Learn about common causes of workplace injuries and steps you can take to prevent them.
- Headaches** – Chronic headaches affect 45 million Americans. Explore causes, treatments, and prevention.
- Custom** - If you have a specific concern or topic that you would like us to address, please contact us and we will put together something to suit your needs.

## For Office Use Only

Confirmed Presentation Date:		Start Time:	Length:
Confirmed # of Attendees:		Topic:	
Bring Projector: Yes / No	Bring Screen: Yes / No	Other:	
Lunch order placed on :	By Who:	Lunch pickup time:	