

IPSCA 2026 Spring Symposium

March
20 & 21

Getting Back To Our Chiropractic Roots

✓ Rockford IL

✓ Outstanding
Speakers

✓ 12-14 CEU



You Won't Want To Miss This

Chiropractic for the Entire Office

Featuring

Dr. John Goodfellow

Dr. Brad Pook, DC

Dr. Rob Sinnott

Dr. Misty Morris

Dr. Paul Reed

Dr. J. Richard Burns



Bonus: 2 CEU Hours - State Required Courses

Cultural Competency in Today's Healthcare

Recognizing Alzheimer's Disease & Dementia

Course Descriptions and Speaker Information available at: <https://illinoischiropractors.org/upcoming-events/>

ADDITIONAL SYMPOSIUM OPPORTUNITIES

PROFESSIONAL HEADSHOTS - Are you tired of that same old headshot from six years ago? Does it feel time for an upgrade? Look no further! We understand the importance of having a fresh, professional image that truly represents you and your team. On Friday, March 20th, dedicated team members from Catalyst Design & Photography will be available to help you achieve the perfect headshot—without the awkward studio vibe! This is a fantastic opportunity to update those outdated photos and ensure your professional presence is on point. Don't miss out! Advanced reservations are recommended to secure your spot. Please note that a small cost will be associated with the program, but we assure you it's worth the investment in your personal brand. Ready to refresh your look? Reserve your slot today!

ASSOCIATION NIGHT OUT- Everyone is welcome to join IPSCA members for dinner as we gather around a fresh fusion of Latin and Mexican cuisine at Lucha Cantina. Advanced reservations recommended.

SYMPOSIUM AGENDA

Friday, March 20, 2026

12:30 pm	Symposium Check-In
1:00 pm	Dr. Misty Morris
2:45 pm	Dr. Paul Reed
4:30 pm	Dr. John Goodfellow
6:30 pm	IPSCA Dinner Out

Saturday, March 21, 2026

7:15 am	Bonus Course: Dementia <i>State Requirement</i>
8:30 am	Dr. Brad Pook
10:15 am	Dr. Paul Reed
12:15 pm	Lunch Break (<i>On Own</i>)
1:15 pm	Dr. J. Richard Burns
2:30 pm	Dr. Brad Pook
4:15 pm	Dr. Rob Sinnott
6:15 pm	Bonus Course: Cultural Competency

Illinois Prairie State Chiropractic Association (IPSCA)

IPSCA 2026 SPRING SYMPOSIUM



HOTEL INFORMATION

Hilton Garden Inn, 27675 Walton Street, Rockford IL 6108 Phone: 815-229-3322

- IPSCA Discounted Room Rate: \$156 **Room Block Cut-Off Date: February 15, 2026** **Discount Code: ILCM26**
- Direct Link: Available on IPSCA website <https://illinoischiropractors.org/events/2026-ipsca-spring-symposium>

Conveniently located off I-90 and Highway 20. Highway access puts us within 15 minutes of downtown Rockford, Anderson Japanese Gardens, and Discovery Center Museum, with Chicago Rockford International Airport 12 miles away. Enjoy our activity pool, with a zero-depth area for the little ones, and fitness center. Pet-friendly hotel.

REGISTRATION

Registration includes program entrance, CE hours and certificate, exhibit area entrance, breaks.

BASIC MEMBERSHIP REGISTRATION

- Chiropractor - Basic Membership \$365.00
- Retired DC \$185.00
- Chiropractic Assistant \$135.00
- Student Member/1st Year DC \$.00

BEACON MEMBER REGISTRATION

- Chiropractor - Beacon Membership \$185.00
- Chiropractic Assistant - Beacon \$95.00
- Retired Beacon Member \$95.00

NON-MEMBER REGISTRATION

- Non-Member Chiropractor \$445.00
- Retired DC/1st Year DC \$235.00
- Student - Non-Member \$50.00
- Chiropractic Assistant \$185.00

ADDITIONAL OPTIONS

- Professional Headshot - # Participants _____
- Dinner Reservations # _____

WAYS TO REGISTER

Online: <https://illinoischiropractors.org/events/2026-ipsca-spring-symposium> **Phone:** 309-797-9799 **Scan:** QR Code

Mail: IPSCA, PO Box 4174, Rock Island IL 61204

Name: _____ DC / CA License #: _____
 Name: _____ DC / CA License #: _____
 Name: _____ DC / CA License #: _____
 Name: _____ DC / CA License #: _____



Email: _____ Phone: _____
 Address: _____ City: _____ Zip: _____

PAYMENT

Amount Due: _____ Method of Payment: Check Discover MasterCard Visa Amex

Credit Card Payment:

Credit Card #: _____ - _____ - _____ Expir. Date: _____ CVS: _____

Billing Address (If different than above): _____

Authorized Signature: _____ Date: _____

Cancellation Policy: Registration fees will be refunded less a \$65 processing fee for cancellations POSTMARKED 5 BUSINESS DAYS PRIOR to program. A request for refunds received after the 5 day deadline WILL NOT be refunded.