

MISSION-CHIROPRACTIC CUBA



CUBA MISSION TRIP

If you have never been on a chiropractic mission trip, then it is time to embark on an incredible Mission-Chiropractic Trip to Cuba!! Limited spots available!!! Mark your calendar July 1 through July 5, 2009. You are welcome to come earlier as well, and tour Cuba while the Mission Chiropractic Board works hard getting us on National Cuban TV, radio and in newspapers. There will be three meals a day, there will be accommodations for all chiromissionaries; there will be transportation to all sites throughout the country. There will be thousands of patients who need your love and miracle hands. We have many people in Cuba to adjust in July 2009. We will be in serving in several Cuban cities.

Wednesday, July 1, 2009 (Welcome to Cuba)

Arrive at Airport in Havana, Cuba, proceed through customs and be picked up by our staff. You will be driven to our accommodations where you will have a nice and relaxing typical Cuban day. Welcome dinner and the most awesome chiropractic philosophy to follow.

Thursday July 2, 2009 - (Full Day Mission) We will be serving the Cuban people with chiropractic. We intend to help over 70,000 on this trip. Begin the day by providing chiropractic at community centers, prayer houses, and schools. We will see people for 4-5 hours and then break for lunch. In the afternoon we will be at schools, orphanages and churches. Besides adjusting we will perform Scoliosis Screenings and teach our new program "Straighten up Cuba"

Friday July 3, 2009 - (Full Day Mission). Begin the day with introduction adjusting session at several schools and prayer houses. We will see people for 4-5 hours and then break for lunch. In the afternoon we will be at, schools orphanages and churches.

Saturday, July 4th, 2009 (Full Day Mission)

Armed with love and generosity you will meet, care for and set free both yourself and the warm, wonderful people of the area. All DC's will break up into teams and go to various locations including churches, hospitals and orphanages. At all times you will be accompanied by Mission Chiropractic team members. **YOU WILL BREAK THROUGH TO A NEW YOU.** Call or write me!! Peter Morgan, DC for more information. 646-323-9254 chirorye@aol.com

MISSION-CHIROPRACTIC

APPLICATION FOR MISSIONARY SERVICE

The information received through this questionnaire will be held in confidence and reviewed by the Mission Chiropractic Board. Additional information is requested on the application for emergency references.

Please return this application to: **Fax: 914-381-3199 or Email: Chirorye@aol.com**

Cuba Mission Trip – July 1-5th, 2009

Name: _____ Male Female:
 Doctor of Chiropractic Spouse Volunteer
 Chiropractic Assistant Student

Office Address: _____
City: _____ State: _____ Zip Code: _____
Work Ph: (____)-_____ Fax #: (____)-_____
E-Mail: _____

Residence Address:
City: _____ State: _____ Zip Code: _____
City: _____ State: _____ Zip Code: _____
Home Ph: (____)-_____ Passport #: _____
Date of Birth: _____

*IN CASE OF EMERGENCY NOTIFY:

Name: _____ / Relationship: _____
Address: _____
Ph: (____)-_____

*FAMILY:

Marital Status: _____ Spouse's Name: _____
Number of Children: _____

EDUCATION:

Chiropractic College Year of Graduation: _____

HEALTH CONCERNS: As this mission trip will involve physical activity in a Third World country it is vital that we are made fully aware of any Health Issues that may prohibit you from certain activities. Do you have?

- Heart Disease Equilibrium Challenges Diabetes
 Hearing Loss Asthma Hypoglycemia Herniated Disc

If you checked any of the items above please give a brief explanation:

List any current Medications you rely on:

Disclaimer: Mission-Chiropractic is an organization that only wishes to provide the opportunity for all DC's to partake in a life changing experience for the benefit of the DC and those you help on the Mission. During your trip you will be in a third world country and you will voluntarily partake in physical activities such as walking, climbing, swimming, and adjusting. By signing the line below, you agree that anything that happens to you while on this mission is on your own accord and will not hold Mission Chiropractic liable for any injuries or misfortune.

✕ Signature: _____ Date: _____

FEES

Fees include three meals a day, accommodations for all chiromissionaries; and transportation to all sites throughout the country:

See refund policy below.

Full Name: _____ License #: _____ State: _____

Mailing Address: _____ City: _____ Zip: _____

Daytime Phone: () _____ Fax #: () _____

Email: _____ Website: _____

Payment: VISA MC American Express

Credit Card #: _____

Exp Date: ____/____/____

Enter Four Digits for Amex Card: _____

Please Check one: Total \$1199 (after April 15th, 2009) \$1299 (after May 15th, 2009) \$1399 (after June 15th, 2009) \$1499

✕ Signature: _____

Credit Card Users May Fax Completed Registration with payment information to (914)-381-3199 you may also mail completed registration form with credit card information to:

Peter Morgan, DC 931 E. Boston Post Rd. Mamaroneck, NY 10543

*** **REFUND POLICY:** In order to prevent last minute changes due to uncertainty we have adapted the following policies: All applicants may receive a 50% refund of monies paid prior to the date of June 15th, 2009. All applicants remaining as registered and paid applicants on or after the date of June 15th, 2009 waive their rights to receiving a refund.

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