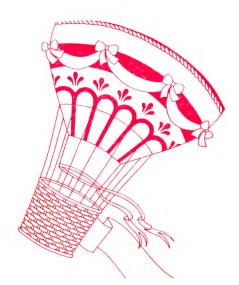
Napa County Chiropractic Association P.O. Box 4021 Napa, California 94558

NAPA VALLEL EXPERIENCA



RELICENSING SEMINAR

FEATURING MELVIN BELLI



SATURDAY SUNDAY MAY 5, 1984 MAY 6, 1984

THE CHATEAU

A CLASSIC HOTEL IN THE WINE COUNTRY

- ENJOY COMPLIMENTARY WINE TASTING
- TOUR FALCON CREST
- VISIT THE WORLD FAMOUS MUD BATHS
- SEE THE NAPA VALLEY BY HOTAIR BALLOON

The Napa County Chiropractic Association Welcomes you to the World Famous Napa Wine County for a unique vacation and educational experience.

Seminar Schedule of Events

SATURDAY, MAY 5, 1984

TIME	TOPIC	FACULTY
8:00 - 9:00 AM	REGISTRATION	
9:00 AM - 12:30 PM	INDUSTRIAL RELATIONS AND PRE—EMPLOYMENT EXAMINATION	AURENCE (LARRY) E. ALLEN, D.C.
12:30 - 2:00 PM	BUFFET LUNCHEON	
2:00 - 4:00 PM	LATEST LEGAL DEVELOPMENTS IN PERSONAL INJURY	MELVIN M. BELLI, SR. ATTORNEY AT LAW
4:00 - 6:30 PM	A NUTRITIONAL APPROACH TO ARTHRITIS AND CARPAL TUNNEL	JONATHAN V. WRIGHT, M.D. MEDICAL COLUMNIST FOR PREVENTION MAGAZINE

SUNDAY, MAY 6, 1984

8:00 - 11:00 AM	PRINCIPLES AND PRACTICE	JOE M. FLESIA, JR., D.C.
	OF CHIROPRACTIC	RENAISSANCE INTERNATIONAL

SYNDROME, OSTEOPOROSIS, BURSITIS, OSGOOD SCHLATTER.

11:00 AM - 12:00 Pm	THERMOGRAPHY: IT'S USAGE IN	MARVIN H. LIPTON, M.D.
	THE TREATMENT OF SPINAL	

12:30 - 2:30 PM WORKERS COMPENSATION J. CURTIS SCHILSTRA, D.C.

INJURIES

INSURANCE

THE SEMINAR WILL BE HELD AT THE SPLENDID NEW CHATEAU IN NAPA, CALIFORNIA. HOTEL INFORMATION IS INCLUDED ON THE INSIDE OF THIS BROCHURE. THE BUFFET LUNCHEON ON SATURDAY IS INCLUDED AS PART OF YOUR REGISTRATION FEE.

FEE SCHEDULE

PRE—REGISTRATION.....\$95.00
(Before May 1, 1984)

REGISTRATION AT THE DOOR......\$125.00 ENDORSED BY SAN JAOQUIN AND MODESTO CHIROPRACTIC ASSOCIATIONS

First Class
U.S. Postage
PAID
untington Beach,CA

"COME EARLY AND ENJOY A FULL DAY OF FUN TOURING THE NAPA VALLEY"

DATE: Friday, May 4, 1984

TIME: 9:00 AM - 4:30 PM COST: \$30 PER PERSON

PICK-UP

LOCATION: THE CHATEAU AND THE HOLIDAY INN

TRANSPORTATION: DELUXE BRITISH DOUBLE DECKER COACH

ITINERARY: TOURS & TASTING AT

DOMAINE CHANDON CHAMPAGNE CELLARS

DELICIOUS PICNIC LUNCHEON AT FALCON CREST - SPRING MOUNTAIN WINERY

OTHER WINERY TOURS, TIME PERMITTING

PRIZE DRAWING!!!

1ST PRIZE: Hot Air Balloon Ride Gift Certificate

2ND PRIZE: Doc Wilkinson's Mud Bath and Spa-Free Visit for One

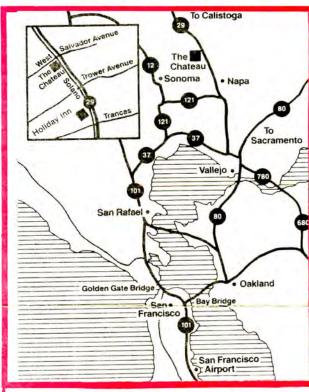
3RD PRIZE: Dinner For Two

Don't miss this opportunity.

The Chateau, Napa Valley's newest hotel welcomes you to your Wine Country Experience.

Accommodations at The Chateau include:

- Complimentary breakfast, served in our Hospitality Room, consisting of fresh fruits, danish, croissants, yogurts, bagels & cream cheese, cottage cheese, assorted cheeses and a variety of juices, herbal teas and blended coffees.
- Complimentary wine tasting each evening from 5:00 p.m. to 7:00 p.m. We pour a variety of famous Napa valley wines during this time and our Hostesses are available to assist in recommending restaurants; arranging private winery tours; directions to a sunny picnic spot, or just sitting and visiting with our guests.
- We also feature . . . Heated pool and Spa, in-room movies, nightly turn down service by our French Maids, complimentary newspapers, valet service, and much much more!



Driving Directions: One hour's drive, north of San Francisco. FROM OAKLAND-BAY BRIDGE: Take 80, toward Sacramento. Exit at Highway 37, toward Napa. Go to Highway 29, turn right to Napa, toward Calistoga. FROM GOLDEN GATE BRIDGE: Take 101 north. Exit right to 37. Then exit left onto 121. Go to Highway 29, turn left. Take Highway 29, toward Calistoga. AT NAPA: Turn left on Trower Ave. (second stop light). Immediately turn right onto Solano Avenue.

HOTEL ROOM RATES:

- * THE CHATEAU: \$44 SINGLE, \$54 DOUBLE
- * HOLIDAY INN: \$50 SINGLE, \$58 DOUBLE

ALL RATES SUBJECT TO 10%TAX

MAKE RESERVATIONS EARLY TO INSURE ACCOMODATION AT THE HOTEL OF YOUR CHOICE.

* THE HOLIDAY INN IS APPROXIMATELY ONE MILE FROM THE CHATEAU

AIRPORT TRANSPORTATION TO AND FROM NAPA

EVANS AIRPORT SERVICE TO SAN FRANCISCO

CALL 707-255-1559, 707-944-2025 OR YOUR TRAVEL AGENT

Frequency	Departure	Arrival SFO	Departure SFO	Arrival Napa
MON. thru FRI.	6:10 am	8:00 am	8:30 am	9:45 am
EVERYDAY	7:40 am	9:20 am	9:45 am	11:05 am
EVERYDAY	9:40 am	11:20 am	11:45 am	1:05 pm
EVERYDAY	11:40 am	1:20 pm	1:45 pm	3:05 pm
EVERYDAY	1:10 pm	2:50 pm	3:15 pm	4:35 pm
EVERYDAY	2:40 pm	4:20 pm	4:45 pm	6:30 pm
EVERYDAY ex. SAT	4:10 pm	5:50 pm	6:15 pm	7:35 pm
EVERYDAY	5:55 pm	7:35 pm	8:00 pm	9:20 pm
EVERYDAY ex. SAT	. 7:55 pm	9:35 pm	10:00 pm *	11:20 pm *L

GRAPEVINE LIMOUSINE SERVICE TO OAKLAND CALL (707) 255-9083 OR YOUR TRAVEL AGENT

Frequency Depart Arrival Depart Arrival NAPA Hotels OAK OAK NAPA Daily 5:00 am 6:40 am 8:30 am 9:40 am Daily 10:00 am 11:40 am 1:15 pm 2:35 pm 7:35 pm Daily 3:00 pm 4:40 pm 6:15 pm

Cost \$15 One Way
RESERVATIONS ARE REQUIRED FOR BOTH AIRPORT
TRANSPORTS

LATE SFO DEPARTURE DOES NOT GO TO HOTELS (TAXI FARE APPROX. \$5)

REGISTRATION FORM

NAPA COUNTY CHIROPRACTIC ASSOCIATION 1984 LICENSE RENEWAL SEMINAR MAY 5 & 6, 1984

	ENCLOSED I	IS MY	REGISTRATION	FEE OF	\$95	(\$125	AT THE DOOR)	FOR
	FURTHER INF	ORMA	TION CALL (707)	257-1830				
_	ANTINA COMP. NO. OF THE PARTY NAMED IN			Service and the			a Carta and a second and a	7 Avenue

PLEASE REGISTER _____PEOPLE FOR THE FUN DAY, MAY 4, 1984. I HAVE ENCLOSED \$30 PER PERSON

FIRST NAME MIDDLE INITIAL LAST NAME

CHROPRACTIC LICENSE NUMBER STATE

STREET ADDRESS

CITY STATE ZIP CODE
PLEASE RETURN THIS REGISTRATION FORM BY MAY 1, 1984
WITH CHECK MADE PAYABLE TO:

WITH CHECK MADE PAYABLE TO:

NAPA COUNTY CHIROPRACTIC ASSOCIATION
P.O. BOX 4021
NAPA, CA 94558

HOTEL RESERVATION FORM

DETACH AND MAIL, ALONG WITH YOUR DEPOSIT CHECK, (FOR ONE NIGHTS LODGING PLUS 10% TAX) TO THE HOTEL OF YOUR CHOICE, NO LATER THAN APRIL 15, 1984.

THE CHATEAU 4195 SOLANO AVE. NAPA, CA 94558
ATTENTION: NAPA VALLEY CHIROPRACTORS

THE HOLIDAY INN 3425 SOLANO AVE. NAPA, CA 94558
ATTENTION: NAPA VALLE CHIROPRACTORS

SINGLE	☐ DOUBLE	# ROOMS
Arrival Date	Departure D	ate
Name/s	Telephon	e
Address	Amoun	t Enclosed
CHARGE MY ROO	M (s) TO:	

MC # _____EXP. DATE____

VISA # _____SIGNATURE___

AM. EXP. # ____