



Connecticut Chiropractic Association

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**ACKNOWLEDGMENT FORM**

I, the undersigned officer, director, member, employee, representative or agent of the CCA, do hereby acknowledge that I have read and reviewed the CCA’s Antitrust Compliance Program, Policy and Code of Conduct. I understand the content of the Antitrust Compliance Program, the Antitrust Compliance Policy and Code of Conduct as it applies to me and I am fully aware that I must comply with the standards set forth in the Antitrust Compliance Policy and Code of Conduct or be subject to immediate termination of my membership, appointment, employment, association or affiliation with the CCA.

I will cooperate fully with the Antitrust Compliance Committee, the Antitrust Compliance Officer and the CCA’s General Counsel to the extent necessary or helpful for implementation of the Antitrust Compliance Program, Policy and Code of Conduct, as well as any and all investigations and corrective action plans conducted or implemented pursuant to the CCA’s Antitrust Compliance activities.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print)

Position: \_\_\_\_\_

Date: \_\_\_\_\_