



Location: Port Orange, Fla.

Name: _____
Address: _____
E-mail Address: _____
Chiropractic College: _____
Telephone: _____
Fax: _____
Graduation Year: _____
States of licensure and license numbers: _____

I hereby commit to the complete **Certified Chiropractic Sports Practitioner program** offered by Palmer College Continuing Education and Events. I understand that there will be four live sessions and an online component. The total cost is \$2,595. I agree to pay for the program as follows:

PAYMENT DATES

\$648 September 6, 2016
\$649 October 7, 2016
\$649 October 28, 2016
\$649 January 27, 2017

- I understand that payment applies only to this programming period. Make-up sessions will incur additional charges.
- All Continuing Education and Events cancellation and “no refund” policies apply.

_____ Charge my credit card as outlined above.
(American Express, Discover, MasterCard or Visa)

My credit card number is: _____
Expiration date: _____ CVC: _____
Cardholders Name: _____
Credit Card Billing Address: _____

Or

_____ I have attached 4 checks postdated as outlined above.

_____ I wish to make the full \$2,595 payment at once on my credit card above.

Signed

Date