



Location: Indianapolis, IN

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 16, 2016  
\$649            October 14, 2016  
\$649            November 11, 2016  
\$649            January 20, 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