



Seminar Enrollment Form

Please mail or fax your completed form, along with payment, to: Palmer College of Chiropractic, Continuing Education and Events Department, 1000 Brady Street, Davenport, IA 52803 Tel: (800) 452-5032 Fax: (563) 884-5103 (Please note that registrations can also be completed online at: www.palmer.edu/CE)

1. Identification (please type or print legibly)

Salutation (please check one): Dr. Mr. Ms. Mrs. Other: _____

Suffix (please check all that apply): D.C. Ph.D. C.T. C.A. Other: _____

First Name _____ MI _____

Last Name _____

E-mail Address (required) _____

Telephone _____ Fax _____

Mailing Address _____ Apt. #/Suite _____

Billing Address _____ Apt. #/Suite _____

City _____ State/Province _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Country _____ Zip/Postal Code _____

Chiropractic College _____ Graduation Year _____

States of Licensure and License Number _____

2. Registration

seminar		fee
city	date	
seminar		fee
city	date	
seminar		fee
city	date	
seminar		fee
city	date	

3. Registration Summary and Payment

Cancellation Policy

Single Seminar Registration: Refunds, less a 25% administrative fee, will be issued upon request if received more than seven calendar days prior to the event. There are no refunds permitted after that time. Registrations may be transferable to another scheduled seminar within the same fiscal year (July-June).

Multiple Session Program Registration: After prepaying multiple sessions to receive the discounted pricing, Palmer College will calculate the refund, less a 25% administrative fee, for the remaining unattended sessions. The refund request must be received at least seven calendar days prior to the next session. Program registrations may be transferable to another course within the same fiscal year (July-June). No refunds are issued for the online session portion of multiple session programs.

Method of Payment

- Cash Discover
 Check or Bank Draft (payable to Palmer College) MasterCard
 American Express VISA

Credit Card # _____

Expiration Date (Month/Year) _____ CVC _____

Cardholder Name _____

I hereby authorize Palmer College of Chiropractic to debit the grand total indicated above from my credit card and I acknowledge having read the cancellation policy.

Signature of cardholder _____ Date _____