



**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/homecoming](http://www.palmer.edu/homecoming))

**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	
<b>E-mail Address (required)</b>		Telephone	Fax
Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Work	Apt.#/Suite	<b>Billing Address</b>	<b>Apt.#/Suite</b>
City	State/Province	<b>City</b>	<b>State/Province</b>
Country	Zip/Postal Code	<b>Country</b>	<b>Zip/Postal Code</b>
Chiropractic College	Graduation Year	States of Licensure and License Number	

Requests for reasonable accommodations for individuals with documented disabilities must be submitted no later than Apr. 20. Please call toll free (800) 452-5032 to make arrangements.

**2. Registration**

Registration fee includes: admission to all sessions, the exhibit area, a registration packet, continental breakfasts and lunch on Saturday. \*Continuing education credit hours included. **DOES NOT include Saturday Night Gala.**  
 Note - If a guest needs CE, they need to register as a Doctor of Chiropractic as guest fees DO NOT include CE.

	Early (by Apr. 20)	At the door (after Apr. 20)	Total
Doctor of Chiropractic*	\$225	\$325	\$
Guest	\$125	\$200	\$
Sub-total:			\$

Please provide the full name of all the guests whom you are registering and have paid for above:

First Name	Last Name	First Name	Last Name
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I give permission for the college to post my name as attending Homecoming.

