



# PALMER

College of Chiropractic

## 2018 Homecoming Registration Form May 4-6 • San Jose, Calif.

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 \_\_\_\_\_

E-mail Address (required) \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address:  Home  Work \_\_\_\_\_ 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 \_\_\_\_\_

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, and the Gala Dinner. \*Continuing education credit hours included.

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
Administration*	\$60	\$100	\$
Faculty*	\$60	\$100	\$
Staff	\$60	\$100	\$
Guest (DOES NOT include Gala Dinner)	\$125	\$200	\$
Sub-total:			\$

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

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

I will be attending the Gala Dinner

Meal Choice (please circle):

Bassain Seared Braised  
Rotisserie Chicken Halibut Brussel Sprout Stir-Fry  
(GF) (V/GF)

Guest Meal Choice if fully paid for above (please circle):

Bassain Seared Braised Brussel  
Rotisserie Chicken Halibut Sprout Stir-Fry  
(GF) (V/GF)

