

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 \$ Tel: (800) 45	Street, Davenp 2-5032 Fax: (5 that registration	oort, IA 52803 663) 884-5103	,		·		comin	g)
1. Identification (p	lease type c	r print legib	oly)					
Salutation (please ch	eck one):	☐ Dr.	☐ Mr.	☐ Ms.	☐ Mrs.	☐ Othe	er:	
Suffix (please check	all that apply):	☐ D.C.	□ Ph.D.	☐ C.T.	☐ C.A.	☐ Othe	er:	
First Name		MI		Last Na	me			
E-mail Address (required	-mail Address (required)			Telepho	ne			Fax
Mailing Address: Home	☐ Work	Apt.#/Suite		Billing Address				Apt.#/Suite
City		State/Province		City				State/Province
Country		Zip/Postal	Zip/Postal Code		Country			Zip/Postal Code
Chiropractic College		Graduatio	n Year	States of Licensure and License Number				
Requests for reasona Apr. 20. Please call to 2. Registration Registration fee inclu on Saturday, and the	oll free (800) 4 des: admissio	52-5032 to m	ake arrange	ements.				
				Ear (by Ap	-	At the do		Total
Palmer College of Chiropractic Student			\$60		\$100		\$	
Guest of Palmer Co	llege of Chirop	ractic Studen	t	\$6	0	\$100		\$
Chiropractic Student, other than Palmer College (DOES NOT include Saturday Night Gala)			\$10	00	\$125		\$	
Guest of Chiropractic Student, other than Palmer College (DOES NOT include Saturday Night Gala)			\$10	00	\$125		\$	
						Sub	o-total:	\$
Please provide the fu	II name of all t	he guests wh	om you are	registering	and have	paid for abov	e:	
First Name	Last Name			First Na	me	Last N	lame	
I give permission f	or the college	to post my na	me as atter	nding Home	coming.			
☐ I will be attending	the Gala Dinne	er						
Meal Choice (please circle):			Guest Meal Choice if fully paid for above (please circle):					
Bassain	Seared	Braised		Bassain		Seared	Brai	ised Brussel
Rotisserie Chicken (GF)		Brussel Sprout S (V/GF)	Stir-Fry	Rotisserie (GF)	Chicken	Halibut	Spr	out Stir-Fry (V/GF)

3. Additional Activities

Activity			Must be purchased by 6 p.m., Friday, May 5 (until sold out)	No. of tickets	Total per activity (price x no. of tickets)
Guest Ticket: Saturday Gala Dinner ONLY			# 60		•
Meal Choice (please Bassain Rotisserie Chicken (GF)	Seared Halibut	Braised Brussel Sprout Stir-Fry (V/GF)	\$60		\$
				Subtotal:	\$

4. Hotel Reservations

Palmer College has a negotiated rate at the following hotel:

Marriott Santa Clara 2700 Mission College Blvd. Santa Clara, CA 95054

Room rates are \$169 per night plus tax for single or double occupancy; subject to availability (May 3-7, 2018). To make reservations, please visit the Marriott Hotels website at www.marriott.com or call the Marriott Santa Clara directly at (800) 228-9290 or (408) 988-1500. Please mention "Palmer College of Chiropractic Homecoming" to receive this reduced rate. Room block and special rates will be released on April 20, 2018. Please make your reservation prior to April 20.

5. Registration Summary and Payment

Sub-total 1: Registration	\$
Sub-total 2: Additional Activities	\$
Grand Total	\$

Cancellation Policy

Full refunds, less a 25-percent administrative fee, will be made on all cancellations received by April 20, 2018. Refunds will not be considered for requests received after April 20, 2018.

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)

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□ Cash	☐ Discover
☐ Check or Bank Draft (payable to Palmer College Homecoming)	☐ MasterCard
☐ American Express	□ VISA
Credit Card #	
Expiration Date (Month/Year)	CVC
Cardholder Name	
I hereby authorize Palmer College of 0 debit the grand total indicated above fi and I acknowledge having read the ca	rom my credit card
Signature of cardholder	Date