



PALMER

College of Chiropractic

2019 Homecoming Registration Form March 1-3 • Port Orange, Fla.

Please mail or fax your completed form, along with payment, to:

Palmer College of Chiropractic, Continuing Education 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)

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 _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Chiropractic College _____ Graduation Year _____ States of Licensure and License Numbers _____

Requests for reasonable accommodations for individuals with documented disabilities must be submitted no later than Feb. 8. 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, lunches and refreshment breaks and one ticket to the Friday Night Celebration.

	Early (by Feb. 15)	Late/At the door (after Feb. 15)	Total
Palmer College of Chiropractic Student	\$50	\$100	\$
Guest of Palmer College of Chiropractic Student	\$50	\$100	\$
Chiropractic Student, other than Palmer College	\$100	\$150	\$
Guest of Chiropractic Student, other than Palmer College	\$100	\$150	\$
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 Friday Night Celebration.

3. Additional Activities

Activity	Price per ticket	No. of tickets	Total per activity (price x no. of tickets)
Additional Guest Ticket- Friday Night Celebration Only	\$50		\$
Sub-total:			\$

4. 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 Feb. 15, 2019. Refunds will not be considered for requests received after Feb. 15, 2019.

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Method of Payment

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

Credit Card #

Expiration Date (Month/Year) CVC

Cardholder Name

Billing Address

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