



# PALMER

College of Chiropractic

## 2018 Homecoming Registration Form August 9-11 • Davenport, Iowa

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: <input type="checkbox"/> Home <input type="checkbox"/> 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 July 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, lunches, refreshment breaks and the Saturday Night Festival. \*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 July 20)	At the door (after July 20)	Total
Doctor of Chiropractic, 50-Year Alumnus (1968)*	\$150	\$450	\$
Doctor of Chiropractic, 50-Year Alumnus (1968)	Complimentary	\$450	\$
Guest	Complimentary	\$275	\$
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
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- I give permission for the college to post my name as attending Homecoming.
- I will be attending the Saturday Night Festival.

### 3. Additional Activities

Activity	Price per ticket	No. of tickets	Total per activity (price x no. of tickets)
Women Chiropractor's Reception UP Skybar, The Current Hotel	\$25		\$
Alumni Luncheon Ticket	\$25		\$
Guest Ticket- Saturday Night Festival 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 July 20, 2018. Refunds will not be considered for requests received after July 20, 2018.

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#### Method of Payment

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Cash   | <input type="checkbox"/> Discover   |
| <input type="checkbox"/> Check or Bank Draft (payable to Palmer College Homecoming) | <input type="checkbox"/> MasterCard |
| <input type="checkbox"/> American Express   | <input type="checkbox"/> 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