



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)

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 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*	\$375	\$475	\$
Doctor of Chiropractic, New Grad* (after Jan 1, 2017)	\$200	\$250	\$
Chiropractic Office Staff*	\$200	\$300	\$
Guest (Includes Doctor of Chiropractic with NO C.E.)	\$200	\$300	\$
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 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