2021 Palmer College
Davenport Homecoming
September 16-18, 2021

Chiropractic Student

Please mail or fax your completed registration, 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: https://palmerce.learningexpressce.com/index.cfm)

1. Identification

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      State(s) of Licensure and Number

Requests for reasonable accommodations for individuals with documented disabilities must be submitted no later than 30 days prior to the event. Please call toll free 800-452-5032 to make arrangements.

2. Chiropractic Student Event Registration

Registration fee includes admission to all sessions, the exhibit area, a registration packet, ONE meal card for three breakfasts and three lunches, and ONE Closing Festival ticket.

<table>
<thead>
<tr>
<th>Event Registration</th>
<th>Early Fee</th>
<th>After August 13</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premier Non-CE Package</td>
<td>$50.00</td>
<td>$100.00</td>
<td>$</td>
</tr>
<tr>
<td>Guest (please provide guest's name):</td>
<td>$50.00</td>
<td>$100.00</td>
<td>$</td>
</tr>
</tbody>
</table>

Sub-total: $
3. Additional Activities

<table>
<thead>
<tr>
<th>Social Activity</th>
<th>Price per ticket</th>
<th>No. of tickets</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closing Festival Ticket – Ages 13 and older</td>
<td>$50.00</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Closing Festival Ticket – Ages 5 to 12</td>
<td>$10.00</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

Sub-total: $

4. Registration Summary and Payment

| Sub-total Section 2: Registration       | $                |
| Sub-total Section 3: Additional Activities | $                |
| Grand Total                             | $                |

Method of Payment

- [ ] Cash
- [ ] Check
- [ ] Credit Card

Credit Card Number

Exp. Date

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