2023 Palmer College Florida Homecoming

February 24-26, 2023

PALMER College of Chiropractic

Administration, Faculty, Staff, or Retiree of Palmer College

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. Administration, Faculty, Staff, or Retiree of Palmer College Event Registration

Registration fee includes admission to all sessions, the exhibit area, a registration packet, continental breakfasts and lunches, plus a refreshment break. **Guest registrations do not include CE.**

Event Registration	Early Fee	After Jan. 27	Total
CE Package ☐Administration ☐Faculty ☐Staff ☐Retiree	$50.00	$75.00	$
Non-CE Package ☐Administration ☐Faculty ☐Staff ☐Retiree	$50.00	$75.00	$
Guest (please provide guest's name): _____	$125.00	$175.00	$
		Sub-total:	$

3. Additional Activities

Social Activity	Price per ticket	No. of tickets	Total
Saturday, February 25, 2022			
Alumni Reception Ticket	$25		$
		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