# 2026 Palmer College Florida Homecoming

January 30-February 1, 2026



## 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:	
11.27						
First Name	MI		Last N	ame		
E-mail Address (required)			Teleph	one	Fax	
Mailing Address: - Home - Wor	lz		1 Apt 41	Cuito		
Mailing Address:   Home   Wor	ĸ		Apt. #/	Suite		
City			State/F	Province		
Carratur			Zin/Da	otal Cada		
Country			ZIP/PO	stal Code		
Chiropractic College	Gradua	ition Year	State(s	s) of Licen	sure 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 January 2	Total
CE Package	\$50.00	\$100.00	\$
☐ Administration ☐ Faculty ☐ Staff ☐ Retiree			
Non-CE Package	\$50.00	\$100.00	\$
☐ Administration ☐ Faculty ☐ Staff ☐ Retiree			
Guest (please provide guest's name):	\$195.00	\$245.00	\$
	\$195.00	\$245.00	
Special CE Anatomy Lab Add-on Package	φ195.00	φ243.00	

					\$30.00	\$30.00		
ONE Ticket – Beach	Palmer Suns	set Soire	e: The Alum	ni Social on the		,		
	– Palmer Su	nset Soir	ee: The Alu	mni Social on the	\$60.00	\$60.00		
- Doddii						Su	ıb-total:	\$
Please mail	Check □I  or fax you  ge of Chirc	r comp	oleted reg	☐ Credit Card: listration, alonging Education De	g with paym		⊐AmEx	
Please call 8	300-452-50	)32 to p	oay with a	a credit card.				
Signature of	cardholder	-		Date				
olynalul <del>e</del> or	carunoidei			Dale				
J								
	ont Charge Only	.,						
or Internal Departm								
or Internal Departm			nal Depar	tment Charge	Account Inf	ormation		
or Internal Departm		– Interr	nal Depar	<u>-</u>	Account Inf		ount	1
or Internal Departm  Budget	Transfer -	– Interr		<u>-</u>			ount	
or Internal Departm  Budget	Transfer -	– Interr		<u>-</u>			ount	
or Internal Departm  Budget	Transfer -	– Interr		<u>-</u>			ount	
or Internal Departm  Budget	Transfer -	– Interr		<u>-</u>			ount	
or Internal Departm  Budget	Transfer -	– Interr		<u>-</u>			ount	
or Internal Departm  Budget	Transfer -	– Interr		<u>-</u>			ount	
or Internal Departm  Budget	Transfer -	– Interr		<u>-</u>			ount	
or Internal Departm  Budget	Transfer -	– Interr		<u>-</u>			ount	
Department	Location	- Interr		<u>-</u>				
Department	Transfer -	- Interr		<u>-</u>				
Department	Location  Budget Tra	- Interr		er Pro				
Department Budget	Location  Budget Tra	- Interr	ccount Numb	er Pro				
Department Budget	Location  Budget Tra	- Interr	ccount Numb	er Pro				
Department Budget	Location  Budget Tra	- Interr	ccount Numb	er Pro				
Department Budget	Location  Budget Tra	- Interr	ccount Numb	er Pro				
Department Budget	Location  Budget Tra	- Interr	ccount Numb	er Pro				
Department  Budget  Department  Baccount Nu	Location  Budget Tra	- Interr	ccount Numb	er Pro				
Department  Budget  Department  B  Account Nu	Location  Budget Tra	- Interr	ccount Numb	er Pro		Ame	TOTAL	
Department  Budget  Department  Baccount Nu	Location  Budget Tra	- Interr	ccount Numb	er Pro		Ame		
Department  Budget  Department  B  Account Nu	Location  Budget Traumber  me:	nnsfer:	ccount Numb	er Pro		Ame	TOTAL	